Your 2024 Member Handbook

UPMC *for You*

Affiliate of UPMC Health Plan

Health Care Concierge team
1-800-286-4242 (TTY: 711)
upmchealthplan.com/foryou

UPMC *for You* Nondiscrimination Notice

UPMC *for You* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC *for You* does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC *for You* provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

UPMC *for You* provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **UPMC *for You*** at **1-800-286-4242 (TTY: 711).**

If you believe that **UPMC *for You*** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with:

UPMC *for You*
Complaints and Grievances Department
P.O. Box 2939
Pittsburgh, PA 15230-2939
Phone: 1-800-286-4242 (TTY: 711)
Fax: (412) 454-7920, or
Email: HealthPlanCompliance@upmc.edu

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, **UPMC *for You*** and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf , or by mail, phone or email at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).
OCRMail@hhs.gov

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Translation Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-800-286-4242 (TTY: 711)** or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-286-4242 (TTY: 711) o hable con su proveedor.

Chinese; Mandarin

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-286-4242（文本电话：711）或咨询您的服务提供商。

Nepali

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-286-4242 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-286-4242 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-286-4242 (711) أو تحدث إلى مقدم الخدمة".

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-286-4242 (TTY: 711) oswa pale avèk founisè w la.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-286-4242 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-286-4242 (TTY: 711) або зверніться до свого постачальника».

Chinese; Cantonese

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-286-4242（TTY：711）或與您的提供者討論。」

Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-286-4242 (TTY: 711) ou fale com seu provedor.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-286-4242 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-286-4242 (TTY : 711) ou parlez à votre fournisseur.

Cambodian

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាតតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏អាចរកបានដោយតតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-286-4242 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-286-4242 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-286-4242 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Table of Contents

Topic **Page**

Section 1: Welcome **10**

Introduction **11**
What is HealthChoices? 11
Welcome to UPMC *for You* 11
Facts about UPMC *for You* 11
Member Services **12**
How can I use the UPMC Health Plan app? 13
How do I live chat on the UPMC Health Plan app? 13
How can the UPMC Health Plan member site help me? 13
How do I ask a question through the UPMC Health Plan member site? 14
UPMC Health Plan Tech Guides 14
Schedule a personal appointment with a Tech Guide 14
Member Identification Cards **14**
Important Contact Information **16**
Emergencies 16
Important contact information at a glance 17
Other phone numbers 18
Communication Services **18**
Enrollment **19**
Enrollment Services 19
Changing your HealthChoices plan 19
Changes in the household 19
What happens if I move? 20
Loss of benefits 20
Information About Providers **20**
Picking your primary care provider (PCP) 20
Changing your PCP 21
Office Visits **21**
Making an appointment with your PCP 21
Appointment Standards 21
Referrals 22
Self-Referrals 22
After-Hours Care 22
Member Engagement **22**
Suggesting changes to policies and services 22
UPMC *for You* Health Education Advisory Committee (HEAC) 23
UPMC *for You* Quality Improvement Program 23

Section 2: Rights and Responsibilities **24**

Member Rights and Responsibilities **25**
Member Rights 25
Member Responsibilities 25
Privacy and Confidentiality **26**
Communication Consent **26**

Table of Contents (cont.)

Topic	Page
Copayments	**26**
What if I am charged a copayment and I disagree?	27
Billing Information	**27**
When can a provider bill me?	27
What do I do if I get a bill?	27
Third-Party Liability	**27**
Coordination of benefits	27
Recipient Restriction/Lock-in Program	**28**
How does it work?	28
Reporting Fraud or Abuse	**28**
How do I report member fraud or abuse?	28
How do I report provider fraud or abuse?	28
Section 3: Physical Health Services	**30**
Covered Services	**31**
Services That are Not Covered	**36**
Second Opinions	**37**
What is Prior Authorization?	**37**
What does medically necessary mean?	37
How to ask for prior authorization	37
What services, items, or medicines need prior authorization?	37
Prior authorization of a service or item	38
Prior authorization of covered drugs	38
What if I receive a denial notice?	38
Program Exception Process	**38**
Are there exceptions to service or benefit limits?	39
Can providers speak openly with me about treatment options?	39
Service Descriptions	**39**
Emergency Services	39
Emergency Medical Transportation	40
Urgent Care	40
UPMC AnywhereCare Virtual Urgent Care	40
UPMC Children's AnywhereCare Virtual Urgent Care	41
Dental Care Services	41
Members Under 21 years of Age	41
Members 21 years of Age and Older	43
Dental Benefit Limit Exception	44
Time Frames for Deciding a Benefit Limit Exception	44
Vision Care Services	45
Optometrists	45
Ophthalmologists	45
Members Under 21 Years of Age	45
Members 21 Years of Age and Older	47
Pharmacy Benefits	47
Prescriptions	47
Do some prescription drugs have to be approved by UPMC *for You*?	48

Table of Contents (cont.)

Topic	Page
Statewide Preferred Drug List (PDL) and UPMC *for You* Supplemental Formulary	48
What pharmacy copayments do I have as a UPMC *for You* member?	49
Reimbursement for Medication	49
Specialty Medicines	49
Over-the-Counter Medicines	49
Tobacco Cessation	50
Do you want to quit smoking? UPMC *for You* wants to help you quit!	50
Medicines	50
Counseling Services	50
Behavioral Health Treatment	51
Health Management Programs	51
Other Tobacco Cessation Resources	51
Pennsylvania Free Quitline	51
American Heart Association	51
American Cancer Society	51
Family Planning	52
Maternity Care	**52**
Care During Pregnancy	52
Care for you and your baby after your baby is born	53
MCO Maternity Program	53
Are there any special services for pregnant members?	54
What programs are available for pregnant members?	54
Direct access to women's care	54
Women's Health and Cancer Rights Act	54
Durable Medical Equipment and Medical Supplies	**54**
Outpatient Services	**55**
Nursing Facility Services	**55**
Hospital Services	**55**
What if I have a nonemergency admission to the hospital?	56
Preventive Services	**56**
Blood work and other tests	56
Immunizations/Vaccinations	57
Member Incentives	**57**
Physical Exam	57
New Medical Technology	**57**
Will UPMC *for You* authorize care that involves new technology?	57
Home Health Care	**58**
Patient-centered medical homes	58
Practice-based care managers	58
The importance of primary care	58
The importance of preventive screenings	58
Disease Management	**59**
Health management programs	59
What is a health management program?	59
How can a health management program help me?	59

Table of Contents (cont.)

Topic **Page**

How can I learn more about a health management program? 59
Health coaching services 59
RxWell: Prescription-Strength Health 60
Now you can get a prescription to work with a health coach 60
HIV/AIDS Services 60
Are there special services for members with HIV/AIDS? 60
How do I get these services? 61
Are there specialists who are trained to treat HIV/AIDS? 61
Expanded Services 61
Who can get expanded services? 61
How do I get expanded services? 61
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) 61
When should an EPSDT exam be completed? 61
What will the provider do during the EPSDT well-visit exam? 62

Section 4: Out-of-Network and Out-Of-Plan Services 63

Out-of-Network Providers 64
Getting Care While Outside of UPMC *for You*'s Service Area 64
Out-of-Plan Services 64
Nonemergency Medical Transportation 64
Medical Assistance Transportation Program 64
MATP County Phone Numbers 65
Women, Infants, and Children Program 67
Domestic Violence Crisis and Prevention 67
Sexual Violence and Rape Crisis 67
Early Intervention Services 68

Section 5: Special Needs 69

Special Needs Unit 70
Coordination of Care 70
Home- and Community-Based Waivers and Long-Term Services and Supports 70
Medical Foster Care 70

Section 6: Advance Directives 71

Advance Directives 72
Living Wills 72
Health Care Power of Attorney 72
What to Do if a Provider Does Not Follow Your Advance Directive 72

Section 7: Behavioral Health Services 73

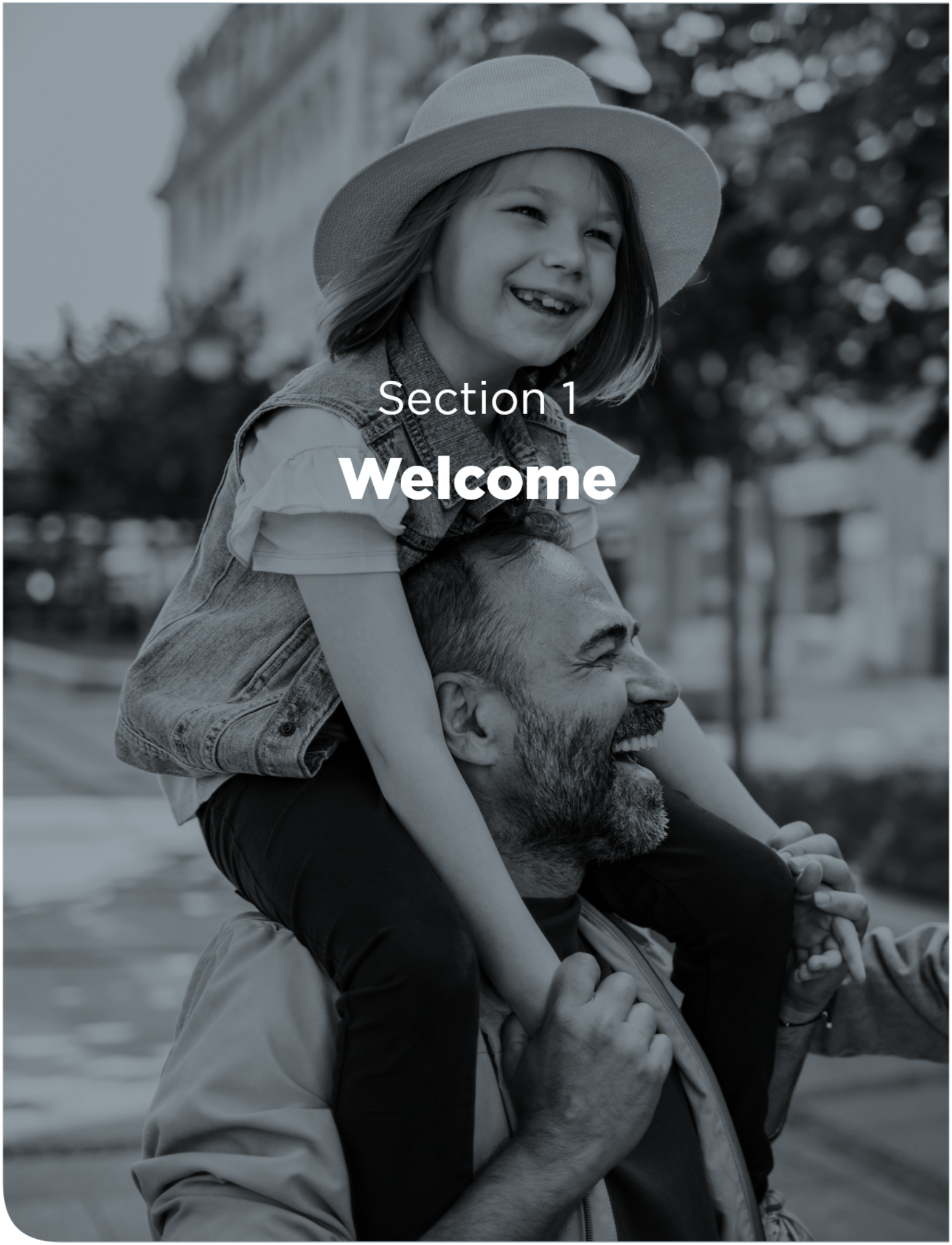
Behavioral Health Care 74
Behavioral Health Managed Care Organizations 75

Section 8: Complaints, Grievances, and Fair Hearings 81

Complaints, Grievances, and Fair Hearings 82
Complaints 82

Table of Contents (cont.)

Topic	Page
What is a Complaint?	82
First-Level Complaint	**82**
What should I do if I have a Complaint?	82
When should I file a First-Level Complaint?	82
What happens after I file a First-Level Complaint?	84
What if I do not like UPMC *for You*'s decision?	85
Second-Level Complaint	**85**
What should I do if I want to file a Second-Level Complaint?	85
What happens after I file a Second-Level Complaint?	86
What if I do not like UPMC *for You*'s decision on my Second-Level Complaint?	86
External Complaint Review	**86**
How do I ask for an External Complaint Review?	86
What happens after I ask for an External Complaint Review?	86
Grievances	**87**
What is a Grievance?	87
What should I do if I have a Grievance?	87
When should I file a Grievance?	87
What happens after I file a Grievance?	87
What if I do not like UPMC *for You*'s decision?	88
External Grievance Review	**88**
How do I ask for an External Grievance Review?	88
What happens after I ask for an External Grievance Review?	89
Expedited Complaints and Grievances	**89**
What can I do if my health is at immediate risk?	89
Expedited Complaint and Expedited External Complaint	89
Expedited Grievance and Expedited External Grievance	90
What kind of help can I have with the Complaint and Grievance processes?	**91**
Persons whose Primary Language is not English	91
Persons with Disabilities	91
Department of Human Services Fair Hearings	**91**
What can I request a Fair Hearing about and by when do I have to ask for a Fair Hearing?	91
How do I ask for a Fair Hearing?	92
What happens after I ask for a Fair Hearing?	92
When will the Fair Hearing be decided?	92
Expedited Fair Hearing	**93**
What can I do if my health is at immediate risk?	93



Section 1

Welcome

Introduction

What is HealthChoices?
HealthChoices is Pennsylvania's Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania's Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, see page 73.

Welcome to UPMC *for You*

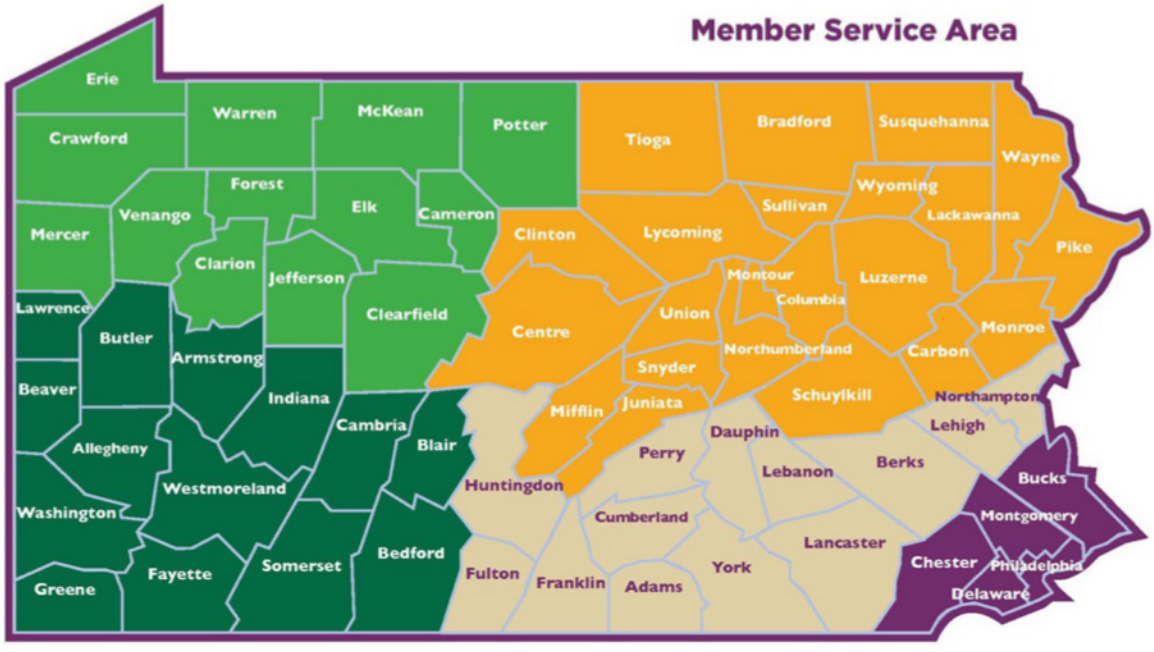
We welcome you as a member in HealthChoices and UPMC *for You*! Thank you for choosing UPMC *for You*. We are happy to be part of your overall health care plan. This member handbook explains the services you can access as part of the program and how to reach us with any questions or concerns. Some of the available services will help keep you healthy; others will help you when problems arise. Please refer to this handbook whenever you have a question.

Facts about UPMC *for You*
UPMC *for You* is a physical health managed care organization (MCO) licensed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department. Through contracts with the Department of Human Services (DHS), UPMC *for You* offers coverage to eligible Medical Assistance recipients throughout the state.

UPMC *for You* follows federal and state laws that affect members, such as the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Americans with Disabilities Act (ADA).

UPMC *for You* is a physical health managed care organization plan and is available to eligible individuals who live in Pennsylvania:

UPMC *for You*
Affiliate of UPMC Health Plan



Copyright 2022 UPMC Health Plan Inc. All rights reserved.
MA-MBR SRV AREA MAP 22MA2743400 (RT) 5/5/22 PDF

UPMC *for You* has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members.

UPMC *for You* is a health maintenance organization (HMO) plan. This means you must receive all services from a provider that participates with our network. If you need to be seen by an out-of-network provider, your provider must request prior authorization from our Utilization Management Department. The service or item will only be covered if your request is approved.

Member Services

We try hard to be the best at everything we do—and when it comes to customer service, we truly succeed. We have an award-winning, dedicated Member Services team. They deliver fast, personal service and strive to answer your questions on the first call or during the first chat session.

UPMC *for You* Member Services is called the UPMC *for You* Health Care Concierge team. Our Health Care Concierge team can:

- **Provide personal assistance.**
  Our Health Care Concierge team will provide personal service when you need it at no cost to you. A Concierge will provide information to help you make important decisions about your medical, vision, dental, and pharmacy benefits.
- **Give you information about providers.**
  Our Health Care Concierge team can give you information about participating primary care providers (PCPs), specialists, hospitals, and other providers. You may request a copy of the most recent provider directory or view the directory on the UPMC *for You* website at **upmchealthplan.com/find.**
- **Help you select or change your PCP or schedule an appointment.**
  If you are a new member and need a PCP, or if you need to schedule an appointment with your current PCP, we can help. If you decide after the appointment that the PCP you selected does not meet your needs, call the Health Care Concierge team and we can help you select and schedule an appointment with a new PCP.
- **Tell you what is covered and how to get services.**
  If you have any questions about what UPMC *for You* covers, call the Health Care Concierge team to get answers.
- **Answer questions about a bill you receive from a provider.**
  Medical Assistance providers in the UPMC *for You* network cannot charge you for services or balances that are covered by UPMC *for You*. You are not responsible for a bill if the in-network provider does not receive payment for your covered services.

  There are some exceptions. Based on your age and benefit category, you may get a bill if:

  - You did not go to an enrolled Medical Assistance participating provider.
  - You did not go to a UPMC Health Plan participating provider.
  - You received services that are not covered benefits.
  - You have a pharmacy, medical visit, diagnostic test, or other provider copayment to pay.
  - You did not give the provider your UPMC *for You* member ID card or other insurance information.
  - You did not obtain a referral from your PCP or another provider when a referral was needed.
  - You received nonemergency services in an emergency department.
  - The provider told you before you received the service that it was not covered and that you might be responsible for its cost.
  - Your request for a Program Exception or Benefit Limit Exception was denied, and the provider told you before you received the service that you might be responsible for its cost.
  - You obtained services while committing identity theft using someone else's health insurance card.

- You did not follow the requirements of your primary insurance, such as using a provider in its network or obtaining prior authorization, if required.

  Remember to show your UPMC *for You* member ID card as well as all other medical insurance cards you have when you go for your visits or other services. This will help us pay your claim. If you get a bill that you do not think you owe, call the Health Care Concierge team. Please have the bill on hand so we can help solve your problem.

- **Help you with other services.**
  Our Health Care Concierge team can:
  - Help you schedule a visit with your PCP or another provider.
  - Explain what you can do and what to expect when you file a Complaint or Grievance.
  - Help you arrange the medical care or services you need.
  - Explain your pharmacy coverage and how to make the most of your benefits.
  - Answer questions about your claims and contact the provider, if necessary, to help resolve the issue.

The UPMC *for You* Health Care Concierge team is available Monday, Tuesday, Thursday, and Friday from 8 a.m. to 6 p.m. and Wednesday from 8 a.m. to 8 p.m. and can be reached at **1-800-286-4242 (TTY: 711)**. A Health Care Concierge is also available through live chat using the UPMC Health Plan app or the UPMC Health Plan member site.

The Health Care Concierge team can also be contacted in writing at:

UPMC *for You*
Health Care Concierge team
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

For information about dental services, please call UPMC *for You* Dental *Advantage* at **1-888-257-0474 (TTY: 711)** Monday through Friday from 7 a.m. to 8 p.m.

For information about vision services, please call Vision Member Services at **1-866-458-2138 (TTY: 711)** Monday through Friday from 8 a.m. to 7 p.m.

How can I use the UPMC Health Plan app?
You can manage your health insurance information anytime, anywhere with the UPMC Health Plan app. It's another great way to stay in touch with us.

With this secure, easy-to-use app, you can:

- Access member ID cards for yourself and your covered family members.
- View your recent medical claims.
- Search for in-network providers and locations.
- Select or change your PCP.
- Chat with our virtual assistant, a Health Care Concierge, or a health coach.

Download the UPMC Health Plan app today from your device's app store.

How do I live chat on the UPMC Health Plan app?
To start a secure, live chat with a Health Care Concierge or a health coach, follow these steps:

- If you haven't downloaded the UPMC Health Plan app, go to your device's app store and search "UPMC Health Plan." When you find the app, download it.
- Once you have downloaded the UPMC Health Plan app, open it and choose **Log In**. If you are a first-time user, tap **Register** to create your account.
- Once you are logged in, complete the onboarding screens.
- When you get to the Insurance screen, tap **Help** on the bottom navigation bar.
- Select **Chat With Us** and begin chatting!

How can the UPMC Health Plan member site help me?

You can get information 24 hours a day, 7 days a week, 365 days a year! If you have questions about the health resources that are available to

you through UPMC *for You*, the UPMC Health Plan member site can provide answers.

The UPMC Health Plan member site is a secure member website where you can find information about your health care coverage, email questions to the UPMC *My*Health 24/7 Nurse Line,* and chat with a Health Care Concierge.

This secure resource also houses information about your benefits (medical, pharmacy, vision, and dental); details about your medical and pharmacy coverage and claims; and access to UPMC Health Plan's wellness programs, health coaches, and activity trackers.

You can also visit the UPMC Health Plan member site to print a member ID card or change your PCP.**

** UPMC nurses who answer calls are licensed to assist members in New York, Maryland, Pennsylvania, West Virginia, and Ohio. Members must be located in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the nearest emergency department. Nurses cannot answer plan or benefit questions. For plan or benefit questions, contact Member Services at 844-220-4785 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m.*

***Excludes members in the recipient restriction program. Learn about recipient restriction on page 28.*

How do I ask a question through the UPMC Health Plan member site?
To access the secure member message center and send an email, follow these steps:

1. Go to **upmchealthplan.com/members**.
2. If you already have a UPMC Health Plan member site account, click **Log In**. If you are a first-time user, click **Register**.
3. Once you are logged in, click **Contact Us** in the top-right corner of the page.
4. You can either **Chat With Us** during normal business hours or send a secure message.
5. If you would like to send a secure message rather than chat, click **Send Message Now**.
6. Click **Compose**.
7. Click the **Medical** button to indicate your type of coverage.
8. Select the appropriate category from the dropdown menu.
9. Fill in the subject line and type your question in the text box.
10. Click **Submit**.

You can also use the UPMC Health Plan member site to ask about claims, benefits, eligibility, PCP changes, pharmacy benefits, and your member ID card.

UPMC Health Plan Tech Guides
We've got your back when you need help with technology. Whether you're new to navigating online or just new to UPMC Health Plan's digital tools, our Tech Guides are your digital tool experts! This specialized team is dedicated to helping you with all the free digital health care tools UPMC Health Plan offers.

Plus, we can even help you with basic troubleshooting and commonly used features on your personal devices, including:

- Unlocking your device.
- Resetting your passwords.
- Downloading apps and setting up email.
- Managing your calendar appointments.
- Setting up your computer camera.
- Texting or using FaceTime, and much more.

Schedule a personal appointment with a Tech Guide
Depending on your digital needs, we can quickly answer your questions over the phone or schedule you a personal appointment with one of our UPMC Health Plan Tech Guides. We offer appointments over the phone and in person at our UPMC Health Plan Connect Centers. Just give us a call at **1-833-685-5418 (TTY: 711)** Monday through Friday from 8 a.m. to 5 p.m. to talk to us about what option works best for you.

Member Identification Cards
You will receive a member ID card, as will any other member of your family who is enrolled in UPMC *for You*. When you receive this plastic card in the mail, you should keep it in your wallet with your ACCESS or EBT card. Your UPMC *for You* member ID card **does not** replace your ACCESS or EBT card.

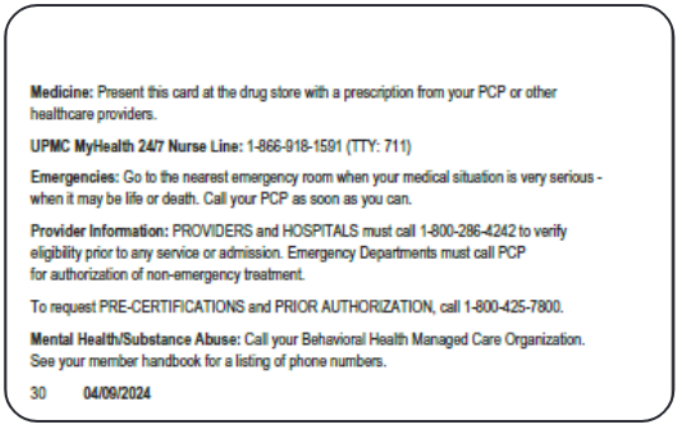
It is important to carry your ID card with you at all times. You will need to show your ID card to get the benefits and services that are covered by Medical Assistance.

Your UPMC *for You* member ID card is valid as long as you are a UPMC *for You* member.

Here is what is printed on your member ID card:

- Your name
- Your UPMC *for You* ID number
- Your PCP's name
- The telephone number of the group in which your PCP practices
- The telephone number for the UPMC *for You* Health Care Concierge team

If you lose your card, visit **upmchealthplan.com** to print a temporary card or ask that a new one be sent to you. You can also call the Health Care Concierge team to ask for a new card. If you do not have your card and need services, you can use your ACCESS or EBT card. The provider will be able to use it to verify that you are a UPMC *for You* member. You can also download the free UPMC Health Plan app to access digital member ID cards for yourself and your covered dependents.

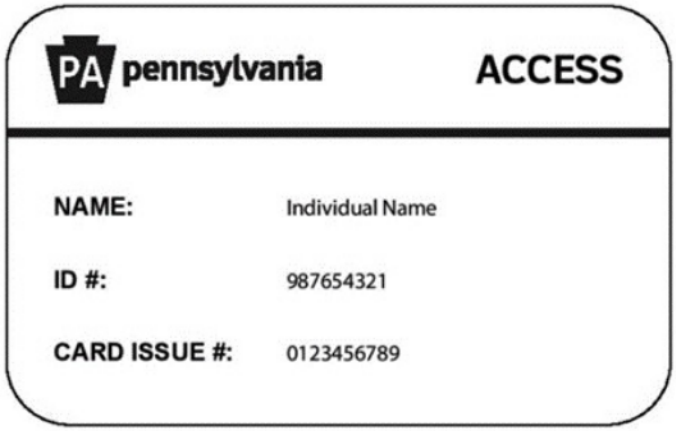

Medicine: Present this card at the drug store with a prescription from your PCP or other healthcare providers.
UPMC MyHealth 24/7 Nurse Line: 1-866-918-1591 (TTY: 711)
Emergencies: Go to the nearest emergency room when your medical situation is very serious - when it may be life or death. Call your PCP as soon as you can.
Provider Information: PROVIDERS and HOSPITALS must call 1-800-286-4242 to verify eligibility prior to any service or admission. Emergency Departments must call PCP for authorization of non-emergency treatment.
To request PRE-CERTIFICATIONS and PRIOR AUTHORIZATION, call 1-800-425-7800.
Mental Health/Substance Abuse: Call your Behavioral Health Managed Care Organization. See your member handbook for a listing of phone numbers.
30 04/09/2024

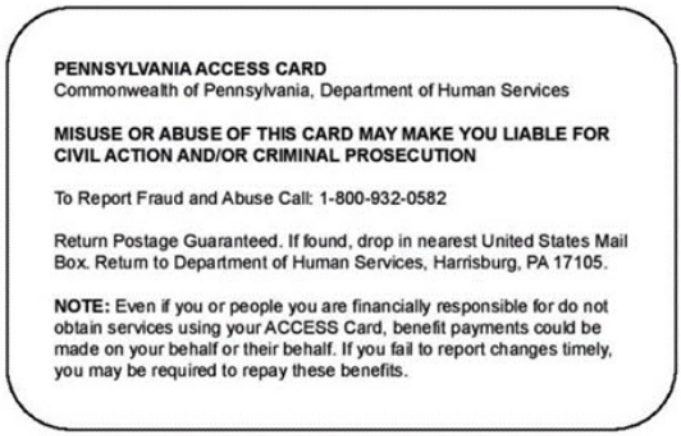
You will also get an ACCESS or EBT card. You will need to present this card along with your UPMC *for You* ID card at all appointments. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed later in the **Important Contact Information** section. You will receive the following card.

The Medical Assistance cards with the Capitol and cherry blossoms may be used for cash assistance, the Supplemental Nutritional Assistance Program (SNAP), and Medical Assistance. Additionally, if you are eligible for cash assistance, you are automatically eligible for Medical Assistance. Typically, this card is issued to the person who the cash assistance and/or SNAP benefit is directed to. For Medical Assistance it is issued to the head of household.

www.ConnectEBT.com
1529-PAEBT05
MISUSE OR ABUSE OF THIS CARD MAY MAKE YOU LIABLE FOR CIVIL ACTION AND/OR CRIMINAL PROSECUTION
Do Not Write PIN On Card
KEYLINE IS F.P.O.
This institution is an equal opportunity provider
EBT Recipient Hotline: 1-888-328-7366
To Report Fraud & Abuse Call: 1-800-932-0582
Return Postage Guaranteed If found, drop in nearest United States Mail Box
Return to: PO Box 81129 Austin, TX 78708-1129
EBT
QUEST

The "Blue Card(s)" are issued only for Medical Assistance to all other members of the household.




PENNSYLVANIA ACCESS CARD
Commonwealth of Pennsylvania, Department of Human Services
MISUSE OR ABUSE OF THIS CARD MAY MAKE YOU LIABLE FOR CIVIL ACTION AND/OR CRIMINAL PROSECUTION
To Report Fraud and Abuse Call: 1-800-932-0582
Return Postage Guaranteed. If found, drop in nearest United States Mail Box. Return to Department of Human Services, Harrisburg, PA 17105.
NOTE: Even if you or people you are financially responsible for do not obtain services using your ACCESS Card, benefit payments could be made on your behalf or their behalf. If you fail to report changes timely, you may be required to repay these benefits.

Older cards that may still be active are shown here. The green/blue card with yellow "ACCESS" may also serve as the head of household's EBT card for SNAP and cash assistance, and their Medical Assistance card. The yellow card is only for Medical Assistance for all other members of the household.

Until you get your UPMC *for You* ID card, use your ACCESS or EBT card for your health care services that you get through HealthChoices.

Important Contact Information
The following is a list of important phone numbers you may need. If you are not sure whom to call, please contact the Health Care Concierge team for help at **1-800-286-4242 (TTY: 711).**

Emergencies
Please see Section 3, Covered Physical Health Services, beginning on page 30, for information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or contacting your local ambulance service.

Important contact information at a glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 19 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance program. See page 28 of this handbook for more information.
Other Important Phone Numbers		
UPMC *My*Health 24/7 Nurse Line	1-866-918-1591 TTY: 711	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 40 of this handbook for information.
Enrollment Assistance Program	1-800-440-3989 1-800-618-4225 (TTY)	Pick or change a HealthChoices plan. See page 19 of this handbook for more information.
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a complaint form, file a complaint, or talk to a consumer services representative.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability.

Other phone numbers

Behavioral Health Services (by county)	See Section 7
Childline	1-800-932-0313

Suicide and Crisis Lifeline

The 988* Suicide and Crisis Lifeline number is available 24/7

Call: 988 or 1-800-273-8255 (1-800-273-TALK) for veterans (press 1) and LGBTQIA+ individuals (press 3)
Text: 988 for veterans (text 838255)
Visit or Chat: 988lifeline.org for veterans (veteranCrisisLine.net/Chat)

If mental health care or support is needed, you can learn more about services in PA at **dhs.pa.gov/Services/Mental-Health-In-PA/Pages/default.aspx**.

Department of Human Services Hotline	1-866-542-3015 (TTY: 1-877-202-3021)
PA Enrollment	1-800-440-3989 (TTY: 1-800-618-4225)
Medical Assistance Transportation Program	See page 64
UPMC *for You* Transportation Request Line	1-833-267-7312 (TTY: 711)
MA Provider Compliance Hotline (includes TTY services)	1-866-379-8477
UPMC *for You* Health Care Concierge team	1-800-286-4242 (TTY: 711)
UPMC Health Plan Fraud and Abuse Hotline	1-866-372-8301 (TTY: 711)
UPMC Health Plan Baby Steps Maternity Program	1-866-463-1462 (TTY: 711)
UPMC *for You* Special Needs Unit	1-866-463-1462 (TTY: 711)
UPMC *for You* Health Management Programs	1-866-778-6073 (TTY: 711)
UPMC *for You* Dental *Advantage* Benefits	1-888-257-0474 (TTY: 711)
UPMC *for You* Vision Benefits	1-866-458-2138 (TTY: 711)
UPMC *My*Health 24/7 Nurse Line	1-866-918-1591 (TTY: 711)

**If you are in crisis, please call 911, go to the nearest emergency room, or call your local ambulance service. If you or someone you know is having suicidal thoughts, or a mental health or substance use crisis, call or text 988 for the Suicide & Crisis Lifeline or visit988Lifeline.org to chat.*

Communication Services

UPMC *for You* can provide this handbook and other information you need in languages other than English at no cost to you. UPMC *for You* can also provide your handbook and other information you need in other formats such as compact discs, Braille, large print, DVDs, electronic communication, and other formats if you need them, at no cost to you. Please contact the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for UPMC *for You* to send you the information.

UPMC *for You* will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** and a Concierge will connect you with the interpreter service that meets your needs.

If your PCP or other provider cannot provide an interpreter for your appointment, UPMC *for You* will provide one for you. Call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** if you need an interpreter for an appointment.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or contact your CAO.

Renewing your eligibility and keeping your membership with UPMC *for You* is important to us and helps keep you healthy. That's why UPMC *for You* will call you when it is time to renew your eligibility. If you have a TracFone through TracFone's SafeLink or through the Pulsewrx Wireless program, you may receive text message reminders from UPMC *for You* about renewing your eligibility for Medical Assistance.

Enrollment Services
The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about the EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:

- Pick a HealthChoices plan.
- Change your HealthChoices plan.
- Pick a PCP when you first enroll in a HealthChoices plan.
- Answer questions about all of the HealthChoices plans.
- Determine whether you have special needs, which could help you decide which HealthChoices plan to pick.
- Give you more information about your HealthChoices plan.

To contact the EAP, call **1-800-440-3989 (TTY: 1-800-618-4225)**.

Changing your HealthChoices plan
You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at **1-800-440-3989 (TTY: 1-800-618-4225)**. They will tell you when the change to your new HealthChoices plan will start, and you will stay in UPMC *for You* until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your UPMC *for You* member ID card at your appointments until your new plan starts.

Changes in the household
Call your County Assistance Office (CAO) and UPMC *for You*'s Health Care Concierge team at **1-800-286-4242 (TTY: 711)** if there are any changes to your household. For example:

- Someone in your household is pregnant or has a baby.
- Your address or phone number changes.
- You or a family member who lives with you gets other health insurance.
- You or a family member who lives with you gets very sick or becomes disabled.
- A family member moves in or out of your household.
- There is a death in the family.

A new baby is automatically assigned to the mother's current HealthChoices plan. You may change your baby's plan by calling the EAP at **1-800-440-3989**. Once the change is made, you will receive a new HealthChoices member ID card for your baby.

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What happens if I move?
If you move out of your county, you may need to choose a new HealthChoices plan. Contact your CAO if you move. UPMC *for You* serves all counties in the Commonwealth of Pennsylvania.

If you move out of state, you will no longer be able to get services through HealthChoices. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of benefits
There are a few reasons why you may lose your benefits completely.

They include:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same HealthChoices plan unless you pick a different HealthChoices plan.
- You go to a nursing home outside of Pennsylvania.
- You have committed Medical Assistance fraud and have finished all appeals.
- You go to prison or are placed in a youth development center.

There are also reasons why you may no longer be able to receive services through a physical health MCO and you will be placed in the fee-for-service program.

They include:

- You are placed in a juvenile detention center for more than 35 days in a row.
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage).
- You go to a state mental hospital.

You may also become eligible for Community HealthChoices. If you become eligible for Medicare coverage or become eligible for nursing facility or home- and community-based services, you may be eligible for Community HealthChoices. For more information on Community HealthChoices, visit **healthchoices.pa.gov**.

You will receive a notice from DHS if you lose your benefits or if you are no longer able to receive services through a physical health MCO and will begin to receive services through the fee-for-service system or Community HealthChoices.

Information About Providers

The UPMC *for You* provider directory has information about the providers in UPMC *for You*'s network. The provider directory is located online at **upmchealthplan.com/find**. You may call UPMC *for You*'s Health Care Concierge team at **1-800-286-4242 (TTY: 711)** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call the Health Care Concierge team to get help finding a provider. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

The information in the printed provider directory may change. You can call the Health Care Concierge team to check if the information in the provider directory is current. UPMC *for You* updates the printed provider directory monthly. The online directory is updated at least each business day.

Picking your primary care provider (PCP)
Your PCP is the doctor or doctors' group who provides and works with your other health care

providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician (for children and teens), or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:

- Physician assistants.
- Medical residents.
- Certified nurse midwives.

If you have Medicare, you can stay with the PCP you have now even if your PCP is not in UPMC *for You*'s network. If you do not have Medicare, your PCP must be in UPMC *for You*'s network.

You can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in UPMC *for You*'s network.

Enrollment specialists can help you pick your first PCP with UPMC *for You*. If you do not pick a PCP through the EAP within 14 days of when you picked UPMC *for You*, we will pick your PCP for you.

Changing your PCP
If you want to change your PCP for any reason, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** to ask for a new PCP. If you need help finding a new PCP, you can go to **medicaid.upmchealthplan.com/learn/whats-covered/medical**, which includes a provider directory, or ask a Health Care Concierge to send you a printed provider directory.

UPMC *for You* will send you a new member ID card with the new PCP's name and phone number on it. The Health Care Concierge will tell you when you can start seeing your new PCP.

When you change your PCP, UPMC *for You* can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, UPMC *for You* will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.

Office Visits

Making an appointment with your PCP
To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call UPMC *for You*'s Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 64 of this handbook or call UPMC *for You*'s Health Care Concierge team at the phone number above.

If you do not have your UPMC *for You* member ID card by the time of your appointment, take your ACCESS or EBT card with you. You should also tell your PCP that you selected UPMC *for You* as your HealthChoices plan.

Appointment Standards
UPMC *for You*'s providers must meet the following appointment standards:

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes for routine care, unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency facility.

- If you are pregnant and:
  - In your first trimester, your UPMC *for You* provider must see you within 10 business days of UPMC *for You* learning you are pregnant.
  - In your second trimester, your UPMC *for You* provider must see you within 5 business days of UPMC *for You* learning you are pregnant.
  - In your third trimester, your UPMC *for You* provider must see you within 4 business days of UPMC *for You* learning you are pregnant.
  - Have a high-risk pregnancy, your UPMC *for You* provider must see you within 24 hours of UPMC *for You* learning you are pregnant or immediately if an emergency exists.

Referrals
A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

If UPMC *for You* does not have at least two specialists in your area and you do not want to see the one specialist in your area, UPMC *for You* will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact UPMC *for You* to let us know you want to see an out-of-network specialist and get approval from UPMC *for You* before you see the specialist.

Your PCP can assist you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care you need.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing referral.

For a list of specialists in UPMC *for You*'s network, please see the provider directory on our website, **upmchealthplan.com/find**, or call the Health Care Concierge team to ask for help or a printed provider directory.

Self-Referrals
Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use a UPMC *for You* network provider unless UPMC *for You* approves an out-of-network provider.

The following services do not require referral from your PCP:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)
- Routine dental services
- Routine eye exams
- Emergency services (may see out-of-network provider without approval)

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see Section 7 of the handbook, on page 73 for more information.

After-Hours Care
You can call your PCP for nonemergency medical problems 24 hours a day, 7 days a week, 365 days a year. On-call health care professionals will help you with any care and treatment you need.

UPMC *for You* has a toll-free UPMC *My*Health 24/7 Nurse Line at **1-866-918-1591 (TTY: 711)** that you can also call 24 hours a day, 7 days a week, 365 days a year. A nurse will talk with you about your urgent health matters.

Member Engagement

Suggesting changes to policies and services
UPMC *for You* would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently,

please contact the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

UPMC *for You* Health Education Advisory Committee (HEAC)
UPMC *for You* has a Health Education Advisory Committee (HEAC) that includes members and network providers, as well as stakeholders from community organizations. The committee provides advice to UPMC *for You* about the experiences and needs of members like you. For more information about the committee, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or visit the website at **medicaid.upmchealthplan.com**.

UPMC *for You* Quality Improvement Program
High-quality health care is a top priority at UPMC *for You*. The Pennsylvania Department of Health (DOH), Department of Human Services (DHS), Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA) set guidelines that we use to guide our Quality Improvement Program.

We pay special attention to:

- Quality management and improvement.
- The process that makes sure our providers have the right education and qualifications.
- The types of services members are using.
- Members' rights and responsibilities.
- Preventive health care.

UPMC *for You* is also committed to making sure that all our members receive excellent care and to providing services that meet their cultural and language needs. Our Quality Improvement Program describes how UPMC *for You* monitors and works to improve services to ensure you and our other members receive the best possible care.

If you need information or have any comments that would help us improve our Quality Improvement Program, please write to us at this address:

Quality Improvement
UPMC *for You*
U.S. Steel Tower, 42nd Floor
600 Grant Street
Pittsburgh, PA 15219

Section 2

Rights and Responsibilities

Member Rights and Responsibilities

UPMC *for You* and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a UPMC *for You* member, you have the following rights and responsibilities.

Member Rights
You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by UPMC *for You* staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about UPMC *for You*, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without UPMC *for You*'s approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, without any interference from UPMC *for You*.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care information and records kept confidential.
9. To see and get a copy of your medical records and to ask for changes or corrections to your records.
10. To ask for a second opinion.
11. To file a Grievance if you disagree with UPMC *for You*'s decision that a service is not medically necessary for you.
12. To file a Complaint if you are unhappy about the care or treatment you have received.
13. To ask for a DHS Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that UPMC *for You* or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, UPMC *for You*, and network providers treat you.
17. To make recommendations about the rights and responsibilities of UPMC *for You*'s members.

Member Responsibilities
Members need to work with their health care service providers. UPMC *for You* needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about UPMC *for You* coverage, including all covered and non-covered benefits and limits.

7. Use only network providers unless UPMC *for You* approves an out-of-network provider.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your copayments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

UPMC *for You* must protect the privacy of your protected health information (PHI) and must tell you how your PHI may be used or shared with others. PHI includes but is not limited to name, address, any date, telephone or fax number, email address, Social Security number, medical record number, ID number, account number, URL, IP address, Medicare Beneficiary Identifier, biometric screening, full-face photograph, race/ethnicity, language, gender identity, sexual orientation, and social needs data. The Notice of Privacy Practices describes how UPMC *for You* protects, uses, and shares your PHI. It is available online or can be sent by UPMC *for You* through the mail or electronically at any time, including at enrollment. The Notice of Privacy Practices states how PHI is accessed through data controls, as well as how data can and cannot be used. This includes sharing your PHI with providers who are treating you or so that UPMC *for You* can pay your providers, as well as sharing your PHI with DHS. More detailed information is included in UPMC *for You*'s Notice of Privacy Practices. To get a copy of UPMC *for You*'s Notice of Privacy Practices, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or visit **upmchealthplan.com**. Click on Individuals & Families, select Medical Assistance, then click on Member Resources to find the electronic copy.

Communication Consent

By providing your mobile phone number and email address, you authorize UPMC Health Plan to contact you about your care, member events, plan information, member surveys, and other insurance products. UPMC Health Plan will deliver these messages by email, text messages (including messages by an automatic telephone dialing system), phone calls, and prerecorded phone calls. Standard message and data rates may apply. You can opt out at any time.

Copayments

A copayment is the amount you pay for some covered services. It is usually only a small amount. You will be asked to pay your copayment when you get the service, but you cannot be denied a service if you are not able to pay a copayment at that time. If you did not pay your copayment at the time of the service, you may receive a bill from your provider for the copayment.

Copayment amounts can be found in the Covered Services chart starting on page 31 of this handbook.

The following members do not have to pay copayments:

- Members under age 18
- Pregnant women (including 1 year after the child is born [the postpartum period])
- Members who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institutions
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance
- Other exemptions may apply. For more information, please reference your Schedule of Benefits by logging in to the UPMC Health Plan member site or contacting the Health Care Concierge team

The following services do not require a copayment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services

- Home health services
- Tobacco cessation services

What if I am charged a copayment and I disagree?
If you believe that a provider charged you the wrong amount for a copayment or a copayment you believe you should not have had to pay, you can file a Complaint with UPMC *for You*. Please see Section 8, Complaints, Grievances, and Fair Hearings, for information on how to file a Complaint, or call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Billing Information

Providers in UPMC *for You*'s network may not bill you for medically necessary services that UPMC *for You* covers. Even if your provider has not received payment or the full amount of his or her charge from UPMC *for You*, the provider may not bill you. This is called balance billing.

When can a provider bill me?
Providers may bill you if:

- You did not pay your copayment.
- You received services from an out-of-network provider without approval from UPMC *for You* and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by UPMC *for You* and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.

What do I do if I get a bill?
If you get a bill from a UPMC *for You* network provider and you think the provider should not have billed you, you can call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare or your other health insurance is your primary insurance. This other insurance is known as "third-party liability" or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your PCP or other provider before UPMC *for You* pays. UPMC *for You* can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy, you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your UPMC *for You* member ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of benefits
If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in UPMC *for You*'s network. You also do not have to get prior authorization from UPMC *for You* or referrals from your Medicare PCP to see a specialist.

UPMC *for You* will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by UPMC *for You*, you must get the service from a UPMC *for You* network provider. All UPMC *for You* rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and UPMC *for You*'s network. You need to follow the rules of your other insurance and UPMC *for You*, such as prior

authorization and specialist referrals. UPMC *for You* will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a UPMC *for You* network provider. All UPMC *for You* rules, such as prior authorization and specialist referrals, apply to these services.

Recipient Restriction/Lock-in Program

The Recipient Restriction/Member Lock-in Program requires a member to use specific providers if the member has abused or overused his or her health care or prescription drug benefits. UPMC *for You* works with DHS to decide whether to limit a member to a doctor, pharmacy, hospital, dentist, or other provider.

How does it work?
UPMC *for You* reviews the health care and prescription drug services you have used. If UPMC *for You* finds overuse or abuse of health care or prescription services, UPMC *for You* may refer you to DHS to approve putting a limit on the providers you can use. If approved by DHS, UPMC *for You* will send you a written notice that explains the limit.

You can pick the providers, or UPMC *for You* will pick them for you. If you want a different provider than the one UPMC *for You* picked for you, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**. The limit will last for 5 years even if you change HealthChoices plans.

If you disagree with the decision to limit your providers, you may appeal the decision by asking for a DHS Fair Hearing within 30 days of the date of the letter telling you that UPMC *for You* has limited your providers.

You must sign the **written** request for a Fair Hearing and send it to:

Department of Human Services
Office of Administration
Bureau of Program Integrity - DPPC
Recipient Restriction Section
PO Box 2675
Harrisburg, PA 17105-2675

If you need help asking for a Fair Hearing, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or contact your local legal aid office.

If your appeal is postmarked within 10 days of the date on UPMC *for You*'s notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 10 days but within 30 days from the date on the notice, the limits will be in effect until your appeal is decided. The Bureau of Hearings and Appeals will let you know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through UPMC *for You* about the decision to limit your providers.

After 5 years, UPMC *for You* will review your services again to decide if the limits should be removed or continued and will send the results of its review to DHS. UPMC *for You* will tell you the results of the review in writing.

Reporting Fraud or Abuse

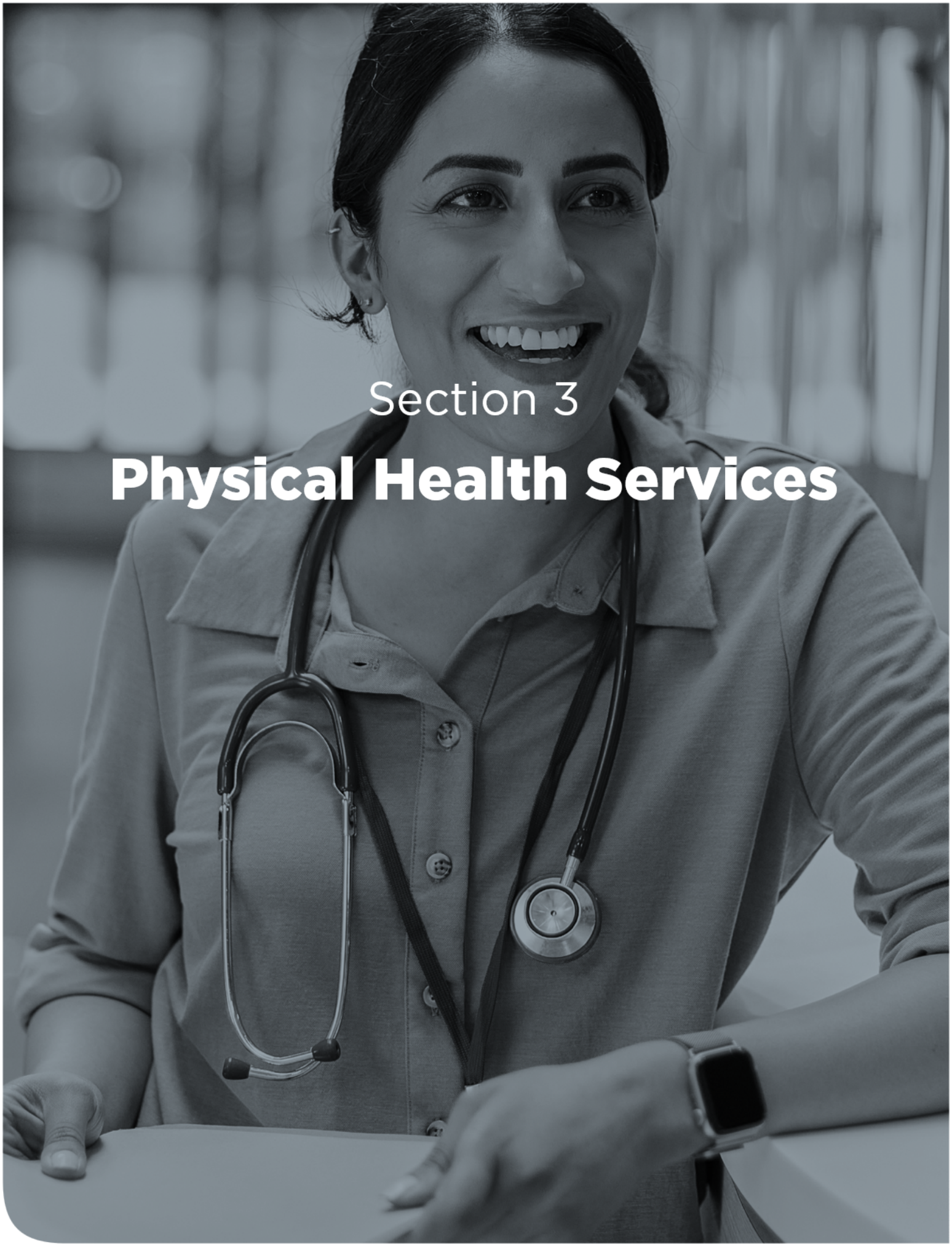
How do I report member fraud or abuse?
If you think that someone is using your or another member's UPMC *for You* ID card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call UPMC *for You*'s Fraud and Abuse Hotline at **1-866-FRAUD-01 (1-866-372-8301; TTY: 711)** to give UPMC *for You* this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at **1-844-DHS-TIPS (1-844-347-8477)**.

How do I report provider fraud or abuse?
Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call UPMC *for You*'s Fraud and Abuse Hotline at **1-866-FRAUD-01 (1-866-372-8301; TTY: 711)**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at **1-844 DHS-TIPS (1-844-347-8477)**.

Additional examples of fraud:

Recipient fraud is defined as someone who receives cash assistance, Supplemental Nutritional Assistance Program (SNAP) benefits, heating/energy assistance (LIHEAP), childcare, medical assistance, or other public benefits while not reporting income, not reporting ownership of resources or property, not reporting who lives in their household, allowing another person to use their ACCESS/MCO card, forging or altering prescriptions, selling prescriptions/medications, trafficking SNAP benefits, or taking advantage of the system in any way.

Provider fraud is defined as billing for services not rendered; billing separately for services in lieu of an available combination code; misrepresenting the service/supplies rendered (billing brand-named for generic drugs, upcoding to a more expensive service than was rendered, billing for more time or units of service than provided, or billing incorrect provider or service location); altering claims; submission of any false data on claims, such as date of service, provider, or prescriber of service; duplicate billing for the same service; billing for services provided by unlicensed or unqualified persons; or billing for used items as new.



Section 3

Physical Health Services

Covered Services

The chart below lists the services that are covered by UPMC *for You* when the services are medically necessary. Some of the services have limits or copayments[1], or need a referral from your PCP or require prior authorization by UPMC *for You*. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section.

Limits do not apply if you are under age 21 or pregnant.

All medically necessary Medicaid-coverable services in any amount are covered for individual members under the age of 21.

Service		Children	Adults
Primary Care Provider	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Specialist	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes
Certified Registered Nurse Practitioner	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Federally Qualified Health Center/Rural Health Center	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Outpatient Non-Hospital Clinic	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: No	Prior auth.: Yes[2] Referral: Yes
Outpatient Hospital Clinic	Limit	N/A	No
	Copayment	$0	$2 maximum[1]
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Podiatrist Services	Limit	N/A	No
	Copayment	$0	$2 maximum[1]
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes
Chiropractor Services	Limit	N/A	1 exam per year
	Copayment	$0	$2 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes[3] Referral: No	Prior auth.: No Referral: No

Service		Children	Adults
Optometrist Services	Limit	See Vision Care Services on page 45	See Vision Care Services on page 47
	Copayment		
	Prior authorization/Referral		
Hospice Care	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes
Palliative Care	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: Yes Referral: Yes
Dental Care Services	Limit	See Dental Care Services on page 41	See Dental Care Services on page 43
	Copayment		
	Prior authorization/Referral		
Radiology (ex. x-rays, MRIs, CTs, radiation therapy, electrocardiograms [EKGs], and other diagnostic tests)	Limit	N/A	No
	Copayment	$0	$1 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes [2, 4] Referral: Yes	Prior auth.: Yes [2, 4] Referral: Yes
Outpatient Hospital Short Procedure Unit	Limit	N/A	No
	Copayment	$0	$3 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: Yes[2]	Prior auth.: Yes[2] Referral: Yes[2]
Outpatient Ambulatory Surgical Center	Limit	N/A	No
	Copayment	$0	$3 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: Yes[2]	Prior auth.: Yes[2] Referral: Yes[2]
Nonemergency Medical Transport	Limit	N/A	No
	Copayment	See Medical Assistance Transportation Program on page 64	See Medical Assistance Transportation Program on page 64
	Prior authorization/Referral	Prior auth.: Yes Referral: No	Prior auth.: Yes Referral: No
Family Planning Services	Limit	N/A	No
	Copayment	See Family Planning on page 52	See Family Planning on page 52
	Prior authorization/Referral		

Service		Children	Adults
Renal Dialysis	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes
Emergency Services	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Urgent Care Services	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Ambulance Services	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Emergency Air Transportation	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No[4] Referral: No	Prior auth.: Yes[4] Referral: No
Inpatient Hospital	Limit	N/A	No
	Copayment	$0	$3 per day/ $21 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes Referral: No	Prior auth.: Yes Referral: No
Inpatient Rehab Hospital	Limit	N/A	No
	Copayment	$0	$3 per day/ $21 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes Referral: No	Prior auth.: Yes Referral: No
Maternity Care	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: No	Prior auth.: No Referral: No
Prescription Drugs	Limit	N/A	No
	Copayment	See Pharmacy Copay on page 49	See Pharmacy Copay on page 49
	Prior authorization/Referral	Prior auth.: Yes, for certain drugs[5] Referral: No	Prior auth.: Yes, for certain drugs[5] Referral: No

Service		Children	Adults
Enteral/Parenteral Nutritional Supplements	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: No	Prior auth.: Yes Referral: No
Nursing Facility Services	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: No	Prior auth.: Yes Referral: No
Home Health Care including Nursing, Aide, and Therapy Services	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: Yes	Prior auth.: Yes[2] Referral: Yes
Durable Medical Equipment	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: Yes	Prior auth.: Yes[2] Referral: Yes
Prosthetics and Orthotics	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: Yes	Prior auth.: Yes Referral: Yes
Eyeglass Lenses	Limit	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized[6]	See Vision Care Services on page 47[5]
	Copayment	$0	
	Prior authorization/Referral	Prior auth.: No for up to 4 standard lenses per calendar year Referral: No	
Eyeglass Frames	Limit	No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized.[6]	See Vision Care Services on page 47[5]
	Copayment	$0	
	Prior authorization/Referral	Prior auth.: No for up to 2 standard frames per calendar year Referral: No	

Service		Children	Adults
Contact Lenses	Limit	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized[6]	See Vision Care Services on page 47[5]
	Copayment	$0	
	Prior authorization/Referral	Prior auth.: No for up to 4 standard contact lenses per calendar year Referral: No	
Contact Lenses Fitting	Limit	Covered when medically necessary	See Vision Care Services on page 47[5]
	Copayment	$0	
	Prior authorization/Referral	Prior auth.: No Referral: No	
Low Vision Aids	Limit	No limits, but after 1 low vision aid every 2 years, additional low vision aids in that time period must be prior authorized.	1/day
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: Yes	Prior auth.: Yes Referral: Yes
Eye Prostheses	Limit	No limits, but after 2 prosthesis every 2 years, additional prostheses in that time period must be prior authorized	2/day
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes Referral: Yes	Prior auth.: Yes Referral: Yes
Medical Supplies	Limit	N/A	No
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: No	Prior auth.: Yes[2] Referral: No
Therapy (Physical, Occupational, Speech)	Limit	N/A	No
	Copayment	$0	$2 maximum[1]
	Prior authorization/Referral	Prior auth.: Yes[2] Referral: Yes	Prior auth.: Yes[2] Referral: Yes
Laboratory	Limit	N/A	No
	Copayment	$0	$1 maximum[1]
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes

Service		Children	Adults
Tobacco Cessation	Limit	70 sessions per calendar year (10 minutes each)	70 sessions per calendar year (10 minutes each)
	Copayment	$0	$0
	Prior authorization/Referral	Prior auth.: No Referral: Yes	Prior auth.: No Referral: Yes

Notes:

1. Some members may not have copayments. Please see page 26 for more information.
2. Prior authorization/referral may be required.
3. Children 7 years of age and younger need prior authorization. Those 8 years of age and older do not need prior authorization.
4. May require authorization through the program exception process.
5. Prescription is required.
6. You have a $100 allowance towards eyeglasses or towards contact lenses and fitting. One pair of glasses (one frame and 2 lenses) per visit, up to 2 pairs per year if medically necessary or contact lenses and fitting. If you choose standard eyeglasses or contact lenses that are within the allowance, there is no cost to you. If you exceed the allowance, you will be responsible for any cost over the $100. Exception to limits above can be made with written documentation, if medically necessary.

For specific information about these benefits, please see your Schedule of Benefits on the UPMC Health Plan member site or contact the Health Care Concierge team at 1-800-286-4242 (TTY: 711).

Authorizations are required only for certain procedures and services. A listing of the procedures and services is made available to your PCP or other provider through the UPMC Health Plan website.

As a UPMC *for You* member, you will receive all the health care benefits covered by ACCESS. Your benefits will be based on age and benefit category. Your benefit category will be determined by the Department of Human Services.

In order for your services to be covered, you must be enrolled in UPMC *for You* on the date that services are received. You do not need to submit claim forms for health care benefits.

You may be responsible for a small copayment for medications, nonemergency care at hospitals, medical services, or diagnostic testing.

Some of your health care benefits may require prior authorization or have certain limitations. If you or your provider feels that the services you are receiving are not meeting your needs, a benefit limit exception may be requested. Instructions for requesting a benefit limit exception are provided in this section.

If you have any questions about a bill you received, please call the Health Care Concierge team.

Services That are Not Covered

There are physical health services that UPMC *for You* does not cover. If you have any questions about whether or not UPMC *for You* covers a service for you, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

MCOs may choose to cover experimental medical procedures, medicines, and equipment based on your specific situation. MCOs must provide coverage for routine patient care costs for beneficiaries participating in qualifying clinical trials.

Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment, service, or nonemergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost other than a copay.

Call your PCP to ask for the name of another UPMC *for You* network provider to get a second opinion. If there are not any other providers in UPMC *for You*'s network, you may ask UPMC *for You* for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from UPMC *for You* before you can get the service. This is called prior authorization. For services that need prior authorization, UPMC *for You* decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to UPMC *for You* for approval before you get the service.

What does medically necessary mean?
"Medically necessary" means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities of someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

How to ask for prior authorization
Prior authorization—often referred to as a preservice decision, prospective review, precertification, or predetermination—is the process that UPMC *for You* uses to review specific procedures or treatments to determine whether the coverage of a request will be approved or denied.

UPMC *for You* needs to understand why the service is needed to treat your specific condition. All requests for service are reviewed by the UPMC *for You* Utilization Management Department. If any care your provider is asking for is denied, you will receive a letter. A copy of the letter will be sent to the provider.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, contact the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

What services, items, or medicines need prior authorization?
The following list identifies some, but not all, services, items, and medicines that require prior authorization.

- Ankle/Hip/Knee and other orthopedic surgeries
- Breast reduction (female only, excluding reconstruction for breast cancer)
- C-Leg microprocessor knee
- Cardiac procedures/diagnostic testing
- Chiropractic services (members younger than 7 years old)
- CT scans
- Dental anesthesia
- Durable medical equipment for home accessibility
- Enteral/Parenteral feedings and nutritional supplements
- Gender confirmation
- Genetic testing
- High-tech radiology/diagnostic testing
- Home health care (including physical therapy, occupational therapy, and speech therapy)

- Hospital admissions (elective and acute; excludes deliveries)
- Infertility services
- MRI
- Negative pressure wound therapy
- Out-of-network services
- Power wheelchairs (purchase)
- Power-operated vehicles (purchase)
- Private duty nursing and home health aide shift care services (members younger than 21 years old)
- Rehab facility admissions
- Skilled nursing facility (SNF) admissions
- Sleep studies for in-lab services
- Surgical management of low back pain
- ThAIRapy Vest™

Authorizations are required only for certain procedures, items, and services. A listing of the procedures, items, and services is made available to your PCP or other provider through the UPMC Health Plan website.

Your PCP or other provider must contact the UPMC *for You* Utilization Management Department to get prior authorization for any of these items or services. If you do not have approval from UPMC *for You* before getting these items or services, you may have to pay the bill.

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Prior authorization of a service or item
UPMC *for You* will review the prior authorization request and the information you or your provider submitted. UPMC *for You* will tell you of its decision within two business days of the date UPMC *for You* received the request if UPMC *for You* has enough information to decide if the service or item is medically necessary.

If UPMC *for You* does not have enough information to decide the request, we must tell your provider within 48 hours of receiving the request that we need more information to decide the request and allow 14 days for the provider to give us more information. UPMC *for You* will tell you of our decision within two business days after we receive the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

Prior authorization of covered drugs
UPMC *for You* will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when UPMC *for You* gets the request. You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask UPMC *for You* for prior authorization as soon as possible.

What if I receive a denial notice?
If UPMC *for You* denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, UPMC *for You* must authorize the medication until the Complaint or Grievance is resolved as long as you file the Complaint or Grievance within 15 days of the denial notice. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 81 of this handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes that you need more services than the limits on the service allow, you or your provider can ask for a program exception (PE). The PE process is different from the dental benefit limit exception process described on page 44.

To ask for a PE, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Are there exceptions to service or benefit limits?
You or your provider can ask UPMC *for You* to approve services above these limits. This is called a program exception (PE).

A PE may be granted if:

- You have a serious, chronic illness or other serious health condition and your life could be in danger without the additional service.
- You have a serious, chronic illness or other serious health condition and your health could get much worse without the additional service.
- You will need a more expensive service if the PE is not granted.
- You will have to go into a nursing home or institution if the exception is not granted.

To ask for a PE:

- You can call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.
- Your provider can call the Provider Prior Authorization Line.
- You or your provider can mail or fax a written request to:

  UPMC *for You*
  Attn: Utilization Management Department
  U.S. Steel Tower
  600 Grant Street
  Pittsburgh, PA 15219
  Fax: 412-454-2057

You or your provider must submit the following information to request a PE:

- Your name, address, and telephone number
- Your UPMC *for You* member ID number
- A description of the service you are requesting a PE for and supporting clinical documentation
- The reason you think the PE is necessary
- Your provider's name and telephone number

You or your provider may request a PE before or after you receive a service.

For a PE request made before you receive a service, UPMC *for You* will make a decision:

- Within 21 days of receiving the request.
- Within 48 hours of receiving the request if your provider indicates that there is an urgent need for a quick response.

For PE requests made before you receive a service, if you or your provider is not notified of the decision within 21 days of the date the request is received, the PE will automatically be granted.

For a PE request made after you have received a service, UPMC *for You* will make a decision within 30 days of receiving the request.
A PE request made after a service has been received must be submitted no later than 60 days from the date UPMC *for You* rejects the claim. PE requests made after 60 days from the claim rejection date will be denied.

Both you and your provider will receive a written notice about the PE approval or denial.

If you have exceeded a service limit, your provider may not bill you for services unless both of the following conditions are met:

- The provider requested a PE to the limit and UPMC *for You* denied the exception.
- The provider told you before you received the service that you would have to pay for it if the PE was denied.

Can providers speak openly with me about treatment options?
UPMC *for You* supports open communication between participating providers and our members. We want your providers to talk with you about your health care options, regardless of your program coverage limitations.

Service Descriptions

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health.

If you have an emergency medical condition, go to the nearest emergency room, dial 911, or call your local ambulance provider.

You **do not** have to get approval from UPMC *for You* to get emergency services and you may use any hospital or other setting for emergency care.

Below are some examples of emergency medical conditions and nonemergency medical conditions:

Emergency medical conditions

- Heart attack
- Chest pain
- Severe bleeding
- Intense pain
- Unconsciousness
- Poisoning

Nonemergency medical conditions

- Sore throat
- Vomiting
- Cold or flu
- Backache
- Earache
- Bruises, swelling, or small cuts

If you are unsure if your condition requires emergency services, call your PCP or the UPMC *My*Health 24/7 Nurse Line at **1-866-918-1591 (TTY: 711)** 24 hours a day, 7 days a week, 365 days a year.

Emergency Medical Transportation
UPMC *for You* covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page 64 of this handbook) for emergency medical transportation.

Urgent Care
UPMC *for You* covers urgent care for an illness, injury, or condition which, if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor but not in the emergency room.

If you need urgent care but you are not sure if it is an emergency, call your PCP or the UPMC *My*Health 24/7 Nurse Line at **1-866-918-1591 (TTY: 711)** first. Your PCP or the UPMC *My*Health 24/7 Nurse Line nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases, if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within UPMC *for You*'s network. Prior authorization is not required for services at an urgent care center.

Some examples of medical conditions that may need urgent care include:

- Vomiting
- Coughs and fever
- Sprains
- Rashes
- Earaches
- Diarrhea
- Sore throats
- Stomachaches

If you have any questions, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

UPMC AnywhereCare Virtual Urgent Care
With UPMC AnywhereCare, you can have a virtual visit with a provider* right from your smartphone, tablet, or computer—24 hours a day, 7 days a week, 365 days a year. Patients who are 3 years old and older can seek treatment through UPMC AnywhereCare.

Using the UPMC AnywhereCare virtual urgent care service is a convenient way to get treatment for your cold or flu symptoms, seasonal allergies, urinary tract infection, and other nonemergency conditions. If you need a prescription, the provider can send it to your preferred pharmacy. To sign up, download the UPMC AnywhereCare app on your smartphone or tablet or visit **UPMCAnywhereCare.com**.

**UPMC for You members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members temporarily traveling outside of Pennsylvania at the time of service will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. UPMC AnywhereCare virtual visits are not covered services for UPMC for You members using Talk Therapy or Psychiatry services. Providers are not available to treat members who are in Puerto Rico.*

UPMC Children's AnywhereCare Virtual Urgent Care

With UPMC Children's AnywhereCare, children ages 0 to 17 can have virtual visits 24/7 with UPMC Children's Hospital of Pittsburgh providers over live video. Providers can assess children and provide treatment for conditions that are commonly treated by a pediatrician or urgent care provider.**

***UPMC Children's AnywhereCare is available only to patients who are in Pennsylvania. In order for a child to have a UPMC Children's AnywhereCare visit, the child's parent or legal guardian must be with the child during the video portion of the visit, and the child and parent or legal guardian must be in Pennsylvania during the visit. If a child is located outside of Pennsylvania at the time of service, their parent or legal guardian may select the standard UPMC AnywhereCare module, and the child will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group, at the discretion of the provider. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.*

Dental Care Services

UPMC *for You* dental benefits are administered through UPMC *for You* Dental *Advantage*.

Dental care is provided by general dentists and dental specialists. A dentist is a health professional who specializes in caring for teeth, gums, and other tissues in the mouth. You can self-refer to a participating dentist for routine dental care. Specialist dentists include those who treat children and those who serve members with special needs.

Members Under 21 years of Age

UPMC *for You* provides all medically necessary dental services for children under 21 years of age. Children may go to a participating dentist within the UPMC *for You* Dental *Advantage* network.

Dental visits for children do not require a referral. If your child's first tooth comes in, or your child is 1 year or older and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for regular dental checkups. You can also choose a participating dentist on your own. For more information on dental services, contact UPMC *for You* Dental *Advantage* at **1-888-257-0474 (TTY: 711)**.

Covered Services	UPMC *for You* Benefits	Copay	Authorization or Referral
Routine Dental Services (Medically Necessary) Under 21 years old			
Checkups (routine exam)	Covered—1 routine exam per 180 days, including x-rays	None	Self-referral A Benefit Limit Exception (BLE) can be requested if member has exhausted their routine benefit.
Periodontal services	Covered	None	Authorization required
Orthodontics (braces)*	Covered	None	Authorization required
Cleanings (prophylaxis)	Covered—1 per 180 days	None	Self-referral A BLE can be requested if member has exhausted their routine benefit.
Root canals and other endodontic services	Covered	None	Authorization required
Crowns and related services	Covered	None	Authorization required
X-rays	Covered	None	Self-referral
Restorations (fillings)	Covered	None	Self-referral
Sealants	Covered	None	Self-referral
Dentures	Covered	None	Authorization required
Dental surgical procedures	Covered	None	Authorization required
Extractions (impacted tooth removal)	Covered	None	Authorization required
Extractions (simple tooth removal)	Covered	None	Self-referral
Sleep apnea mouthpiece	Covered	None	Authorization Required
Dental emergencies (emergency care)	Covered	None	Self-referral
Topical application of fluoride-excluding varnish	Covered—1 per 180 days (under 21 years of age only)	None	Self-referral
Fluoride varnish	Covered—6 per calendar year (under 21 years of age only)	None	Self-referral
Note: * If braces were put on before the age of 21, services will be covered until they are completed or until age 23, whichever comes first, as long as the member remains eligible for Medical Assistance.			
For specific information about these benefits, please reference your Schedule of Benefits on the UPMC Health Plan member site or contact UPMC *for You* Dental *Advantage* at 1-888-257-0474 (TTY: 711).			

Members 21 years of Age and Older

UPMC *for You* covers some dental benefits for members 21 years of age and older through dentists in the UPMC *for You* Dental *Advantage* network. Some dental services have limits.

Dental Benefits Description	Full Benefits	
	Age 21 and older (not residing in a nursing home or intermediate care facility)	**Age 21 and older (residing in a nursing home or intermediate care facility)**
Anesthesia	Covered; may require prior authorization or retrospective review	Covered; may require prior authorization or retrospective review
Checkups (routine exam, including x-rays)	Covered— 1 routine exam per 180 days, then requires BLE	Covered—1 per 180 days, then requires BLE
Cleanings (prophylaxis)	Covered—1 per 180 days, then requires BLE	Covered—1 per 180 days, then requires BLE
Crowns and adjunctive services	Not covered unless a BLE is approved	Covered; requires prior authorization
Dentures (one partial upper denture or one full upper denture, and one partial lower denture or one full lower denture)	Covered once per lifetime; requires prior authorization (additional dentures require a BLE)	Covered once per lifetime; requires prior authorization (additional dentures require a BLE)
Dental surgical procedures	Covered; requires prior authorization	Covered; requires prior authorization
Dental emergencies (emergency care)	Covered	Covered
Extractions (impacted tooth removal)	Covered; requires prior authorization	Covered; requires prior authorization
Extractions (simple tooth removals)	Covered	Covered
Fillings (restorations)	Covered	Covered
Orthodontics (braces)*	Not covered*	Covered; requires prior authorization*
Palliative care (emergency treatment of dental pain)	Covered	Covered
Periodontal & endodontic services**	Not covered unless a BLE is approved	Covered; requires prior authorization**
Root canals and other endodontic services	Not covered unless a BLE is approved	Covered; requires prior authorization
X-rays	Covered	Covered
Inpatient hospital, short procedure unit (SPU), or ambulatory surgical center (ASC) dental care***	Covered; requires prior authorization***	Covered; requires prior authorization***

Notes:

* If braces were put on before the age of 21, services will be covered until they are completed or until age 23, whichever comes first, as long as the member remains eligible for Medical Assistance.

** Exceptions to the periodontal limits will be granted for individuals who have special needs or a disability, pregnant women, individuals with coronary artery disease, or individuals with diabetes.

*** Medically necessary dental care such as: (1) oral surgery and impacted teeth removal if the nature of the procedure of the member's compromising condition would cause undue risk if performed on an outpatient basis or (2) teeth extraction and dental restorative services for a member who is unmanageable and requires general anesthesia by an anesthesiologist because of a severe mental and/or physical condition.

For specific information about these benefits, please reference your Schedule of Benefits on the UPMC Health Plan member site or contact UPMC *for You* Dental *Advantage* at 1-888-257-0474 (TTY: 711).

Dental Benefit Limit Exception
Some dental services are only covered with a benefit limit exception (BLE). You or your dentist can also ask for a BLE if you or your dentist believes that you need more dental services than the limits allow.

UPMC *for You* will approve a BLE if:

- You have a serious or chronic illness or health condition and without the additional service your life would be in danger; OR
- You have a serious or chronic illness or health condition and without the additional service your health would get much worse; OR
- You would need more expensive treatment if you do not get the requested service; OR
- It would be against federal law for UPMC *for You* to deny the exception.

Your dental service may also be covered by a BLE if you have one of the following underlying medical/dental condition(s).

- Diabetes
- Coronary artery disease or risk factors for the disease
- Cancer of the face, neck, and throat (does not include stage 0 or stage 1 noninvasive basal or sarcoma cell cancers of the skin)
- Intellectual disability
- Current pregnancy including post-partum period

To ask for a BLE before you receive the service, you or your dentist can call UPMC *for You* Dental *Advantage* Member Services at **1-888-257-0474 (TTY: 711)** or send the request to:

Skygen USA
Attn: UPMC Health Plan—BLE Authorizations
PO Box 351
Milwaukee, WI 53201

BLE requests must include the following information:

- Your name
- Your address
- Your phone number
- The service you need
- The reason you need the service
- Your provider's name
- Your provider's phone number

Time Frames for Deciding a Benefit Limit Exception
If you or your provider asks for an exception before you get the service, UPMC *for You* will let you know whether the BLE is approved within 21 days.

If your dentist asks for an exception after you got the service, UPMC *for You* will let you know whether or not the BLE request is approved within 30 days of the date UPMC *for You* gets the request.

If you disagree with or are unhappy with UPMC *for You*'s decision, you may file a Complaint or Grievance with UPMC *for You*. For more information

on the Complaint and Grievance process, please see Section 8 of this handbook, Complaints, Grievances, and Fair Hearings, on page 81.

Vision Care Services
UPMC *for You* vision benefits are administered through Envolve Vision.

Vision benefits are provided by a network of optometrists and ophthalmologists.

Optometrists
Optometrists are medical professionals for the eye. They can provide the following services:

- Examine, diagnose, treat, and manage diseases, injuries, and disorders of the eye and associated structures
- Identify related conditions affecting the eye
- Prescribe medications
- Provide low-vision rehabilitation and vision therapy
- Offer vision services, such as eye exams
- Prescribe eyeglasses and contact lenses as needed

Ophthalmologists
Ophthalmologists are medical and surgical physicians who treat eye problems. They can provide the following services:

- Complete eye care as listed above
- Surgical procedures for cataracts, glaucoma, eye trauma, and other conditions

You can self-refer to a participating optometrist or ophthalmologist for a routine eye exam. If you need to see an ophthalmologist for a problem, you need to get a referral from your PCP.

If you need help finding an eye care provider or have questions about your vision benefits, call Vision Member Services at **1-866-458-2138 (TTY: 711)**.

Members Under 21 Years of Age
UPMC *for You* covers all medically necessary vision services for children younger than 21 years old. Children may go to a participating vision care provider within the Envolve/UPMC *for You* network.

Routine Vision Services (Under 21 years of age)			
Service	**Limits**	**Copayments**	**Prior Authorization**
Vision Examination and Refraction	No limits, but after 2 examinations per calendar year, additional examinations in that year must be prior authorized	$0	No for up to 2 examinations per calendar year
Standard Eyeglass Lenses	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized.[1]	$0	No for up to 4 standard lenses per calendar year
Standard Eyeglass Frames	No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized.[1]	$0	No for up to 2 standard frames per calendar year
Contact Lenses	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized.[1]	$0	No for up to 4 standard contact lenses per calendar year

Routine Vision Services (Under 21 years of age)			
Service	**Limits**	**Copayments**	**Prior Authorization**
Exceptions to Frames, Lenses, or Contact Lenses	Exception to limits can be made with written documentation, if medically necessary.	None	Written Documentation from Participating Provider
Replacement of eyeglasses or contact lenses	If eyewear is lost or broken or the prescription changes, provided the provider submits written documentation of the necessity of the service.	None	Written Documentation from Participating Provider
Other	Eyeglasses and all other vision services that are deemed medically necessary, provided the provider submits written documentation of the necessity of the service.	None	Written Documentation from Participating Provider

Note:

1. You have a $100 allowance towards eyeglasses or towards contact lenses and fitting. One pair of glasses (one frame and 2 lenses) per visit, up to 2 pairs per year if medically necessary or contact lenses and fitting. If you choose standard eyeglasses or contact lenses that are within the allowance, there is no cost to you. If you exceed the allowance, you will be responsible for any cost over the $100. Exception to limits above can be made with written documentation, if medically necessary.

Please Note: If you choose eyeglass frames, eyeglass lenses, and contact lenses that are not considered standard, you may have to pay out of pocket for these items. Your eye doctor will let you know if you have to pay extra for any of these services. If you have questions, you can call Vision Member Services at 1-866-458-2138 (TTY: 711).

For specific information about these benefits, please reference your Schedule of Benefits on the UPMC Health Plan member site or contact the Health Care Concierge team at 1-800-286-4242 (TTY: 711).

Members 21 Years of Age and Older
UPMC *for You* covers some vision services for members 21 years of age and older through providers within the Envolve/UPMC *for You* network.

Routine Vision Services (Members 21 and older)			
Service	**Benefits**	**Copays**	**Authorization or Referral**
Routine vision exams	One exam every 180 days (more often if medically necessary)	None	Self-referral
Frames, lenses, or contact lenses	$100 allowance toward eyeglasses or contact lenses. (1) one frame and (2) two lenses or toward contact lenses and fitting per year. If you choose standard eyeglasses or contact lenses that are within the allowance, there is no cost to you. If you exceed the allowance, you will be responsible for any cost over $100. Glasses or contact lenses to treat cataracts, aphakia, or keratoconus (medical condition).	None	Written Documentation from Participating Provider
For specific information about these benefits, please reference your Schedule of Benefits on the UPMC Health Plan member site or contact the Health Care Concierge team at 1-800-286-4242 (TTY: 711).			

Pharmacy Benefits
UPMC *for You* covers pharmacy benefits that include certain prescription medicines and over-the-counter medicines, and vitamins with a doctor's prescription.

Prescriptions
When a provider prescribes a medication for you, you can fill your prescription at any pharmacy that is in UPMC *for You*'s network. You will need to have your UPMC *for You* ID card with you and you may have a copayment if you are over the age of 18. UPMC *for You* will pay for any medicine listed on UPMC *for You*'s supplemental formulary, and the Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL). The PDL is a list of drugs and drug classes developed by the Department of Human Services.

Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. Some participating pharmacies can provide 90-day supplies of maintenance medications for one copayment. Maintenance medications are drugs that you take on a regular basis for a chronic or long-term condition.

If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in UPMC *for You*'s network, or have any other questions, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Preferred medications are the drugs for which UPMC *for You* provides coverage (pays) for. A nonpreferred medication is one that requires a medical exception. Also, there are some preferred medications that still need to be approved by UPMC *for You* and require prior authorization.

Have questions about your medications or want to get an opinion from an expert? As a UPMC *for You* member, you can talk with a licensed UPMC pharmacist online for free! Simply schedule a video appointment through UPMC AnywhereCare.

A pharmacist can help you understand your medications, tell you the best time to take them each day, and answer your questions. They can even talk with your doctor if you are experiencing side effects.

Ready to schedule your appointment?

- Download the **UPMC AnywhereCare** app from your mobile device's app store. If your computer has a camera and microphone, you can use your desktop or laptop computer by going to **UPMCAnywhereCare.com**.
- Log in or sign up for an account.
- Select **Ask a Pharmacist**.
- Schedule your appointment.

Do some prescription drugs have to be approved by UPMC *for You*?

Yes. Some prescription drugs must be approved by UPMC *for You*. This is called prior authorization. Decisions to approve or deny a medication will be made within 24 hours of receiving a prior authorization request.

You may receive one of the following temporary supplies:

- A 15-day supply of a medication if your prescription qualifies as an ongoing medication
- A 72-hour supply of a medication if your prescription is a new medication

If your PCP or another provider prescribes a drug for you, you can get it filled at any UPMC *for You* participating pharmacy. Take your UPMC *for You* ID card to the pharmacy, along with your paper prescription.*

**Many providers now send prescriptions to pharmacies electronically, so you may not receive a paper prescription.*

If you need help finding the nearest participating pharmacy, learning whether your prescription requires prior authorization, or getting more information about pharmacy benefits, please call the Health Care Concierge team.

Statewide Preferred Drug List (PDL) and UPMC *for You* Supplemental Formulary

UPMC *for You* covers medicines listed on the Statewide Preferred Drug List (PDL) and UPMC *for You* supplemental formulary. These are what your PCP or other doctor should use when deciding what medicines you should take. Both the Statewide PDL and UPMC *for You* supplemental formulary cover both brand-name and generic drugs. Generic drugs contain the same active ingredients as brand-name drugs. Any medicine prescribed by your doctor that is not on the Statewide PDL and UPMC *for You*'s supplemental formulary needs prior authorization. The Statewide PDL and UPMC *for You*'s supplemental formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or want to get a copy of the UPMC *for You* supplemental formulary, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or visit UPMC *for You*'s website at **medicaid.upmchealthplan.com/for-members/member-resources**. You can also go online to **papdl.com** to view the Pennsylvania Medical Assistance Statewide PDL through the Pennsylvania DHS website.

Please see the UPMC *for You* booklet, "Your Prescription Drug Program," for more information about your prescription drug program and coverage. The booklet includes the UPMC *for You* supplemental formulary. It also tells you which drugs require prior authorization, which have quantity limits, and which have age restrictions, or other reasons that require a review. If you would like a copy, please contact the Health Care Concierge team. You can also find the booklet on our website:

- Go to **medicaid.upmchealthplan.com**.
- Select **Learn**.
- Select **What's Covered**.
- Select **Learn about pharmacy coverage**.
- Select **UPMC *for You* pharmacy formulary (Non-PDL)**.

What pharmacy copayments do I have as a UPMC *for You* member?
Some drugs require a copayment, which is the amount that you must pay the pharmacy when you receive your prescription or over-the-counter drugs.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacist can still try to collect the copayment later.

Copayments are as follows:

- For adults:*
  - Brand-name prescription and over-the-counter drugs cost $3 for each new prescription or refill.
  - Generic prescription and over-the counter drugs cost $1 for each new prescription or refill.
- For children:*
  - Brand-name prescription drugs and brand-name over-the-counter drugs cost $0 for each new prescription or refill.
  - Generic prescription drugs and generic over-the-counter drugs cost $0 for each new prescription or refill.

**Some members may not have copayments, please reference page 26 for more information.*

Many categories of drugs do not have a copayment. These drugs include:

- Antihypertensives (high blood pressure drugs)
- Anti-neoplastics (cancer drugs)
- Antidiabetics (diabetes drugs)
- Anti-convulsants (seizure drugs)
- Cardiovascular preparations (heart disease drugs)
- Anti-Parkinson's agents (Parkinson's disease drugs)
- HIV medications or agents
- Antiglaucoma agents (glaucoma drugs)
- Antipsychotics (drugs for psychosis)
- Antidepressants (drugs for depression)
- Opioid overdose drugs
- Family planning supplies

Drugs and immunizations (shots to prevent illnesses) that you receive in your provider's office do not have copayments. Immunizations at your local pharmacy do not have a copayment.

Reimbursement for Medication
If you paid out-of-pocket for a prescription that you believe should have been covered in full (minus your copayment amount), please call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Specialty Medicines
The Statewide PDL and UPMC *for You*'s supplemental formulary includes medicines that are called specialty medicines. A prescription for these medicines may need a prior authorization. To see the Statewide Preferred Drug List, the UPMC *for You*'s supplemental formulary, a complete list of specialty medicines, and whether your medicine is considered a specialty medicine call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or visit UPMC *for You*'s website at **medicaid.upmchealthplan.com/learn/whats-covered/pharmacy**.

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you and will not charge you for the mailing of your medicines. The specialty pharmacy will contact you before sending your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in UPMC *for You*'s network. For the list of network specialty pharmacies, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or see the provider directory on UPMC *for You*'s website at **upmchealthplan.com**. For any other questions or more information, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Over-the-Counter Medicines
UPMC *for You* covers over-the-counter medicines when you have a prescription from your provider. You will need to have your UPMC *for You* ID card with you, and you may have a copayment. The following drugs are some examples of over-the-counter medicines that may be covered:

- Sinus and allergy medicine (such as loratadine or cetirizine)
- Analgesics (such as Tylenol or aspirin)

- Vitamins (such as multivitamins or prenatal vitamins)
- Cough medicine (such as guaifenesin)
- Heartburn medicine (such as antacids and famotidine)
- Topical medicine (such as hydrocortisone cream or ointment)

You can find more information about covered over-the-counter medicines by visiting UPMC *for You*'s website at **upmchealthplan.com** or by calling the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Tobacco Cessation
Do you want to quit smoking? UPMC *for You* wants to help you quit!

If you are ready to be smoke-free—no matter how many times you have tried to quit smoking—we are here to help you.

Medicines
Medications to help you stop smoking or using tobacco products are available to all members. The Statewide PDL covers the following medicines to help you quit smoking:

- Nicotine patch
- Nicotine gum
- Nicotine lozenge, mini lozenge
- Bupropion SR
- Varenicline (generic for Chantix)

The medications listed above do not require prior authorization. Products such as the nicotine patch (Nicoderm), nicotine gum (Nicorette), and nicotine lozenges (Commit) help reduce withdrawal symptoms. Other medicines, such as bupropion, can also help make quitting easier. Contact your PCP for an appointment to get a prescription for a tobacco-cessation aid.

See the Your Prescription Drug Program (UPMC *for You* pharmacy formulary [Non-PDL]) booklet to get information about all the medications that are available to you. Your pharmacy benefits are based on your benefit category, which is determined by the Pennsylvania Department of Human Services.

You can find the booklet at **medicaid.upmchealthplan.com/learn/whats-covered/pharmacy** or by calling the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.
If you use tobacco products and are ready to quit, UPMC *for You* can help.

Counseling Services
Counseling support may also help you to quit smoking. UPMC *for You* covers the following counseling services:

- UPMC *for You* covers tobacco cessation counseling sessions to help you quit smoking or using other tobacco products. Ask your provider if they are a certified tobacco treatment specialist or if they can refer you to one. You may also talk to a UPMC *for You* health coach by calling **1-800-807-0751 (TTY: 711)**. Help is available Monday through Friday from 8 a.m. to 6 p.m. A health coach can help you find counseling services, enroll you in the UPMC *My*Health Ready to Quit® program, provide coaching sessions to address your needs, and connect you to support services like the PA Free Quitline. Health coaches are experts with special training and education, and they can help you make changes to improve your health. They can talk with you on the phone over several weeks until you reach your health goals.
- Health coaches can also help you manage your stress while you are trying to stop smoking or using other tobacco products. If you have already quit or tried to quit, a health coach can help you stay on track. Call **1-800-807-0751 (TTY: 711)** Monday through Friday from 8 a.m. to 6 p.m. and ask to speak with a health coach.
- A separate program is available for pregnant members. This program can be used in combination with the UPMC *My*Health Ready to Quit program to provide additional support through our UPMC Health Plan Baby Steps Maternity Program (see page 53). Your designated health coach will give you information about quitting as well as information about community programs for pregnant members who use tobacco, such as the Great Start Quitline that is managed by the American Cancer Society (**1-800-227-2345**).

Behavioral Health Treatment
Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. UPMC *for You* members are eligible for services to address these side effects, but these services are covered by your BH-MCO. To find the BH-MCO in your county and its contact information:

- See the information that came with your welcome kit, or
- Go to **dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx**, or
- Go to page 75 for a listing of the BH-MCO in your county, or
- Call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)** for help in contacting your BH-MCO.

Health Management Programs
Health management programs are available to members for a variety of conditions, including asthma and chronic obstructive pulmonary disease (COPD, a lung disease). These conditions are greatly affected by tobacco use. A health coach can teach you how to take better care of yourself and help you better understand your condition. To learn more about how our health management programs can help you, call the UPMC *for You* Health Management Department at **1-866-778-6073 (TTY: 711)**. Help is available Monday through Friday from 8 a.m. to 6 p.m.

Other Tobacco Cessation Resources
The Pennsylvania Department of Health also wants you to succeed in your quit attempt. That's why it created the PA Free Quitline. If you are considering quitting tobacco, call the Pennsylvania Free Quitline today. This line provides information and telephone counseling that can help tobacco users quit.

Pennsylvania Free Quitline
What is the Quitline?
The Pennsylvania Free Quitline **(1-800-QUIT-NOW)** is a telephone-based tobacco cessation counseling service that offers free coaching with no judgment. This program has a proven record of increasing participants' chances of staying tobacco-free for good.

Visit **pa.quitlogix.org/en-us/enroll-now/** to enroll.

What does the program offer?

- Trained quit coaches—available 24/7—who will help create a plan that is right for you
- Up to five coaching calls and unlimited, inbound calls for additional support during times of high risk for tobacco use, at no cost to you
- Nicotine replacement therapy if you are medically eligible, at no cost to you
- Web-based and text-messaging support

American Heart Association
The American Heart Association (AHA) offers a variety of educational resources to help with vaping or tobacco cessation. These resources address the risks of using tobacco or vaping, as well as methods for quitting. Educational information is available for individuals who want support and professionals or educators seeking information to support tobacco cessation programs or services. AHA also offers information and services for members suffering from tobacco-related conditions, such as heart disease and stroke.

Resources are available online at **heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/vaping-and-medical-emergencies**.

Contact the national center at **1-800-242-8721**. Help is available Monday through Friday from 8 a.m. to 10 p.m. and Saturday from 10 a.m. to 6 p.m.

American Cancer Society
The American Cancer Society (ACS) offers resources and support for individuals who are diagnosed with cancer, plus information about how to prevent cancer or reduce the risk of developing it, such as by quitting tobacco. Resources include how to stay away from tobacco. A variety of educational and interactive materials can be found on the ACS website, along with information about local events and services. Visit **cancer.org/cancer/risk-prevention/tobacco.html**.

Questions can be directed to ACS 24 hours a day, 7 days a week at **1-800-227-2345** or **cancer.org**.

Remember, UPMC *for You* is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** so we can help to get you started. The Health Care

Concierge team can connect you with the best service to fit your needs.

Family Planning
UPMC *for You* covers family planning services. You do not need a referral from your PCP for family planning services. These services include pregnancy testing; testing and treatment of sexually transmitted diseases; birth control supplies, including long acting products such as implantable and injectable products; and family planning education and counseling.

You can see any doctor that is a Medical Assistance provider, including any out-of-network provider that offers family planning services. There is no copayment for these services. When you go to a family planning provider who is not in the UPMC *for You* network, you must show your UPMC *for You* and ACCESS or EBT card in addition to any other insurance that you may have.

For more information on covered family planning services or to get help finding a family planning provider, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Maternity Care

Care During Pregnancy
Prenatal care is the health care a member receives throughout pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or ob-gyn) or a nurse-midwife. Early and regular prenatal care is very important for you and your baby's health. Even if you have been pregnant before, it is important to go to a maternity care provider regularly through each pregnancy.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call or visit your PCP, who can help you find a maternity care provider in the UPMC *for You*'s network.
- Visit a network OB or ob-gyn or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or ob-gyn services.
- Call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you:

- If you are in your first trimester, within 10 business days of UPMC *for You* learning you are pregnant.
- If you are in your second trimester, within 5 business days of UPMC *for You* learning you are pregnant.
- If you are in your third trimester, within 4 business days of UPMC *for You* learning you are pregnant.
- If you have a high-risk pregnancy, within 24 hours of UPMC *for You* learning you are pregnant or immediately if an emergency exists.

If you have an emergency, go to the nearest emergency room, dial 911, or call your local ambulance provider.

It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (1 year after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

UPMC *for You* has specially trained maternal health coaches who know what services and resources are available for you. A maternity health coach can teach you how to take better care of yourself and help you during your pregnancy and after you deliver. To learn more about how our maternity program can help you, call the UPMC *for You* Health Management Department at **1-866-778-6073**.

If you are pregnant and are already seeing a maternity care provider when you enroll in UPMC *for You*, you can continue to see that provider even if he or she is not in UPMC *for You*'s network. The provider will need to be enrolled in the Medical Assistance Program and must call UPMC *for You* for approval to treat you.

Care for you and your baby after your baby is born
You should visit your maternity care provider between 1 and 84 days after your baby is delivered for a checkup unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

MCO Maternity Program
UPMC *for You* has a special program for pregnant women called the UPMC Health Plan Baby Steps Maternity Program.

The no-cost program is voluntary, and you can join or opt out at any time during your pregnancy. The program has specialized maternity health coaches who can help you get the care and services you need. Most communication with your coach will be by phone or virtually. In-person visits may also be available in some locations. To learn more about the program and whether mobile maternity health coaches are available in your area, call **1-866-778-6073 (TTY: 711)**. Health coaches are available Monday through Friday from 8 a.m. to 6 p.m.

If you are a new member, you will be contacted within five days of your effective date to help you get an appointment with an ob-gyn or certified nurse-midwife. See page 21 for prenatal appointment time frames, which explain how soon a provider should see you.

UPMC *for You* may mail you information about your pregnancy. The information will explain the benefits of the maternity program and how a health coach can support you.

A health coach can:

- Tell you more about the Baby Steps maternity program.
- Answer questions about your pregnancy.
- Help you schedule a visit with a dentist because it is important to see a dentist when you are pregnant.
- Work with your obstetrician (with your permission) if you are having any problems with your pregnancy.
- Talk to you about ways to cut back or stop if you use tobacco or nicotine products, drink alcohol, or use drugs.
- Help you get services if you feel depressed during or after your pregnancy.
- Call you after you deliver to see how you and your baby are doing.
- Help you find a pediatrician for your baby.

If you need additional support for yourself or your baby after you deliver, your health coach can refer you to the adult or pediatric care management teams.

To connect with a maternity health coach, call **1-866-778-6073 (TTY: 711)**. Health coaches are available Monday through Friday from 8 a.m. to 6 p.m.

Pregnancy presents challenges for every individual. Additional stress can sometimes complicate this normal part of life, and you may need help. The UPMC Health Plan Baby Steps Maternity Program can be very helpful if you:

- Use alcohol, drugs, tobacco, or nicotine.
- Are younger than 18 years of age.
- Have chronic health conditions or other issues that may impact your pregnancy.
- Are in a relationship that is unsafe.
- Have depression.
- Are homeless.
- Speak a language other than English.

If you deliver early or if there are complications with your delivery and your newborn requires admission to the newborn intensive care unit (NICU), you may benefit from using our NICU Care Management program. It offers free, personalized support for families whose baby is or was in a NICU. This service is available at no cost until your child is 1 year old.

To connect with a pediatric health coach, call **1-866-778-6073 (TTY: 711)**. Health coaches are available Monday through Friday from 8 a.m. to 6 p.m.

Are there any special services for pregnant members?
Yes. Some special products and services are available to help you during your pregnancy and to help you have a healthy baby.*

Those services include the following:

- Childbirth (Lamaze) classes
- Childbirth refresher classes
- Breastfeeding (lactation) classes
- Breast pump (after delivery)
- Prenatal parenting classes
- Prenatal exercise classes
- Classes to support tobacco cessation
- Home visits by a nurse to check on you during your pregnancy
- Home visits by a nurse to check on you and your baby after you get home from the hospital
- UPMC Health Plan Baby Steps Maternity Program baby gift incentive**

**Classes and visits must be provided by UPMC for You participating providers or you may be responsible for the bill.*

***Certain criteria must be met to be eligible for the baby gift incentive.*

What programs are available for pregnant members?
Direct access to women's care
One of UPMC *for You*'s goals is to make it easy for our members to get the care they need. You can go directly to a participating ob-gyn or other providers, such as nurse-midwives, for an exam. UPMC *for You* will pay for you to get a Pap test, pelvic exam, breast exam, and mammogram. You can also see your ob-gyn if you have any other women's care needs throughout the year.

It is important for you to have a good relationship with your ob-gyn. They can help you get or stay healthy and provide treatment if you are sick.

Members who are pregnant continue to have easy access to women's health preventive and treatment services throughout the pregnancy and postpartum period as part of the UPMC *for You* benefit.

Women's Health and Cancer Rights Act
Since October 1998, federal law has required insurance companies to provide benefits for breast reconstructive surgery after a mastectomy. As such, UPMC *for You* will pay for reconstruction after a mastectomy.

These are examples of procedures that are covered by UPMC *for You*:*

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a similar appearance
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedema
- Coverage for inpatient care after a mastectomy for the length of stay determined by the attending provider

Pennsylvania law requires that coverage for a mastectomy include home visits by a health care provider within 48 hours of the UPMC *for You* member being sent home from the hospital (when this occurs less than 48 hours from the admission). These arrangements must be made between you and your provider.

**It is important to check with your provider to determine which procedures are covered.*

Durable Medical Equipment and Medical Supplies

UPMC *for You* covers durable medical equipment (DME), including home accessibility DME, and medical supplies. DME is a medical item or device that can be used many times in your home or in any setting where normal life activities occur and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your physician must order them.

DME suppliers must be in the UPMC *for You* network. You may have a copayment.

UPMC for You will not be held liable for reimbursement regarding the out-of-pocket cost for DME (durable medical equipment) purchased from a retail store or online retail dealer (e.g., Amazon). Retail stores and suppliers are not covered by your medical DME benefit for safety reasons. UPMC for You offers a wide network of participating DME providers who are credentialed to meet Medicare and Medicaid standards and requirements.

Examples of DME include:

- Oxygen tanks
- Wheelchairs
- Crutches
- Walkers
- Special medical beds
- CPAP BIPAP

Examples of home accessibility DME include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps

UPMC *for You* covers installation of the home accessibility DME, but not home modifications.

Examples of medical supplies include:

- Gauze pads
- Dressing tape
- Incontinence supplies (such as pull-ups, briefs, underpads)

If you have any questions about DME or medical supplies, what items are eligible, or for a list of network suppliers, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Outpatient Services

UPMC *for You* covers outpatient services such as physical, occupational, and speech therapy, as well as x-rays and laboratory tests. Your PCP will arrange for these services with one of UPMC *for You*'s network providers.

See chart on page 31 for coverage details.

Nursing Facility Services

UPMC *for You* covers medically necessary nursing facility services. If you need long-term nursing facility services (longer than 30 days), you can apply for the Community HealthChoices Program. You will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If you have any questions or need more information, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Hospital Services

UPMC *for You* covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in UPMC *for You*'s network and will follow your care even if you need other doctors during your hospital stay.

Inpatient hospital stays must be approved by UPMC *for You*. To find out if a hospital is in the UPMC *for You* network, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or check the provider directory on UPMC *for You*'s website, **upmchealthplan.com**.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in UPMC *for You*'s network, you may be transferred to a hospital in UPMC *for You*'s network. You will not be moved to a new hospital until you are stable enough to be transferred to a new hospital.

It is very important to make an appointment to see your PCP within 7 days after you leave the hospital. Seeing your PCP right after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from having to be readmitted to the hospital.

Sometimes you may need to see a doctor or receive treatment at a hospital without being admitted overnight. These services are called outpatient hospital services.

If you have any other questions about hospital services, please call the Health Care Concierge at **1-800-286-4242 (TTY: 711)**.

What if I have a nonemergency admission to the hospital?
If you need to be admitted to a hospital, it will be arranged through your PCP or specialist. UPMC *for You* must approve the admission before you go to the hospital.

There are times when you do not need an approval to be admitted:

- Emergency admissions
- Admissions to a UPMC *for You* participating hospital for a routine delivery of a baby

Preventive Services

UPMC *for You* covers preventive services, which can help keep you healthy. Preventive services include more than just seeing your PCP once a year* for a checkup. They also include immunizations** (shots), lab tests, and other tests or screenings that let you and your PCP know if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care. Preventive services also include dental checkups and cleanings for all individuals covered by UPMC *for You*.

**Exams are covered once per calendar year period.*

***UPMC for You covers certain vaccines when they are provided by your PCP. If your PCP is unable to administer the vaccine, they can refer you to another participating provider's office. Some local pharmacies provide the vaccines, but they are not covered by UPMC for You. Call the Health Care Concierge team to see which pharmacies participate in the UPMC for You vaccine program.*

Members can also go to a participating ob-gyn for their yearly Pap test and pelvic exam, and to get a prescription for a mammogram.

Routine physical appointments usually take longer to schedule. Be sure to call long before the time you would like to have your appointment. The standard time frames for getting appointments are listed in Section 1.

Here are some important preventive services you should know about:

Blood work and other tests
Based on your age, medical history, and the results of your physical exam, your PCP or other providers may order some tests. These might include blood work to check your cholesterol level or blood sugar, an electrocardiogram (EKG) to check your heart, or other tests.

Preventive screenings can help you and your PCP find out early if you have a disease or health condition. Sometimes, early treatment can save your life.

Here are some examples of preventive screenings:

For children

- **Lead screening:** This test helps identify children who may have a high level of lead in their blood. If children have too much lead in their blood, it can affect their IQ and their ability to pay attention. A child should have a blood lead screening test done before the age of 2.

For women

- **Pelvic exam:** Pelvic exams should be done as recommended by your provider.
- **Pap test:** This test helps to identify cancer of the cervix. Individuals who were assigned female at birth should begin having Pap tests at age 21. The tests should be performed every three to five years until age 65. Ask your PCP when and how often you should have this test.
- **Mammogram:** This test helps to identify breast cancer. Individuals should start talking to their health care provider at age 40 about when they should begin mammogram screenings.
- **Chlamydia screening:** Chlamydia is a curable sexually transmitted infection (STI). A chlamydia infection does not make most people sick, so you may have this STI and not know it. It can cause a serious infection in your pelvis and lead to the inability to get pregnant. All pregnant members should be tested for chlamydia. Sexually active members ages 16 to 25 who were identified female at birth should have a yearly screening.

If you are older than 25, you should have a screening once a year if you have one or more of the following risk factors:

- New or multiple sex partners
- Inconsistent or no use of barrier contraceptives
- A history of STI(s)

For all adults

- **Cholesterol test:** This test will tell you if you are at risk for heart disease. You should have this test every five years after the age of 20. Your provider may want you to have it more often if you are at high risk.
- **Colon cancer screening:** A colon cancer screening can either prevent or detect colon cancer at an early stage. You should have this screening beginning at age 45, or earlier if you are at high risk. Ask your PCP which test is best for you and how often you should have it.

Immunizations/Vaccinations

Adults and children receive vaccines to help protect them from diseases or from getting sick. The important vaccines available to UPMC *for You* members include HPV, measles, mumps, pneumonia, tetanus, the flu, and COVID-19.

It is very important for children to get all their vaccines, even if they are feeling fine. Some vaccines only need to be given once, while others may include multiple doses over time. Some vaccines need to be given at specific times as a child grows. Others work best when they are received each year. For example, everyone 6 months old and older should receive a flu vaccine each year.

Talk to your PCP to find out which immunizations you and your child may need.

UPMC *for You* covers certain vaccines when they are provided by your PCP. If your PCP is unable to administer the vaccine, they can refer you to another participating provider's office.

Some local pharmacies provide vaccines. UPMC *for You* covers certain vaccines when they are given by pharmacies. Call our Health Care Concierge team to learn which pharmacies participate with UPMC *for You* and which vaccines are covered.

A complete immunization guide can be found online at **medicaid.upmchealthplan.com/for-members/wellness-prevention**. Under the topic Immunizations/Vaccinations, click on the **complete immunization guide**.

Member Incentives

UPMC *for You* may offer incentives when you complete preventive services such as well-visits or other screenings. These incentives may change each year, and only members who meet eligibility criteria can receive the incentives. If you are eligible for an incentive, you will receive information from UPMC *for You* about the incentive and steps you can take to earn it. Please see page 53 for information on the UPMC Health Plan Baby Steps Maternity Program baby gift incentive.

Physical Exam

You should have a physical exam by your PCP at least once a year.* This will help your PCP find any problems that you may not know about. Your PCP may order tests based on your health history, age, and sex. They will also check if you are up to date on immunizations and preventive services to help keep you healthy.

If you are unsure about whether you are up to date with your health care needs, please call your PCP or the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**. A Health Care Concierge can also help you make an appointment with your PCP.

**Exams are covered once per calendar year.*

New Medical Technology

UPMC *for You* may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. UPMC *for You* wants to make sure that new medical technologies are safe, effective, and right for you before approving the service.

Will UPMC *for You* authorize care that involves new technology?

UPMC *for You* is committed to making sure that you have access to safe and effective care. UPMC *for You* has providers who review new technologies, including health services, medical procedures,

medical equipment, and treatments. These experts look at the new technologies and determine the standards for use.

To be considered for coverage, the new technology must meet the following criteria:

- The technology must have final approval from the appropriate government regulatory bodies, such as the Food and Drug Administration (FDA).
- There must be published scientific evidence that the technology has therapeutic value.
- The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
- The technology should improve the net health outcomes as much as or more than established alternatives.

If you need more information on new medical technologies, please call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Home Health Care

UPMC *for You* covers home health care provided by a home health agency. Home health care is care provided in your home and includes skilled nursing services; help with activities of daily living such as bathing, dressing, and eating; and physical, speech, and occupational therapy. Your physician must order home health care.

If you are over age 21, there are no limits on the number of home health care visits that you may receive. However, prior authorization may be required for skilled home health care, home physical therapy, occupational therapy, and speech therapy if member is over age 21. Prior authorization is not required if under age 21.

Patient-centered medical homes
A patient-centered medical home or health home is a team approach to providing care. It is not a building, house, or home health care service.

Practice-based care managers
Your provider's office may have a practice-based care manager (PBCM) onsite. This is a nurse who works for UPMC Health Plan but is stationed in your provider's office. The PBCM is part of your medical team, which includes your provider and your provider's staff. PBCMs can help coordinate your care with other members of the team, such as social workers, pharmacists, health coaches, and others. They can also ensure that you have the support you need to get or stay healthy.

PBCMs can help you:

- Coordinate your care with your providers.
- Manage your health condition.
- Connect with community resources.
- Manage and learn about your medications.
- Find health and disease management programs to help you with things like stop using tobacco and nicotine, losing weight, or getting information about lowering your stress level or improving your diet.
- Get help from a social worker.
- Schedule preventive screenings.
- Schedule appointments with your providers.
- Arrange transportation to appointments, if you need it.

The importance of primary care
One of the most important things you can do to stay healthy is to regularly visit your primary care provider (PCP). Your PCP will get to know you and your health conditions, then help you get the care you need. Your PCP can usually schedule an appointment *for you* to be seen the same day that you call the office.

The importance of preventive screenings
Preventive screenings save lives! Getting the screenings that your provider recommends may keep you healthy and allow health conditions or diseases to be detected early. Your provider will tell you which tests are right for you based on your age, sex, health history, and other factors. The PBCM can help you schedule screenings at times that are convenient for you.

Disease Management

UPMC *for You* has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. UPMC *for You* has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no copayment.

Health management programs
What is a health management program?
A health management program has health coaches who can help you better understand your disease or condition. They can help you manage your health and your health care.

Your provider may talk with you about enrolling in one of these programs. However, you can be enrolled in a health management program without a referral from your PCP or another provider.

UPMC *for You* has many health management programs:

- Asthma
- Heart attack or heart disease (coronary artery disease, atrial fibrillation, and congestive heart failure)
- Chronic obstructive pulmonary disease (COPD, a lung disease)
- Diabetes
- Maternity
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Low back pain
- Kidney disease
- Oncology
- Rare and chronic diseases

How can a health management program help me?
Health management programs have health coaches and care managers who can help you make a care plan. They will work with you and your health care providers to check your progress. Health coaches can also help you learn more about managing your condition and:

- Help you understand how to take better care of yourself. You will learn when you should call your provider and what tests you may need to help you manage your health.
- Tell you which preventive tests you need and when you need them. Preventive tests can help your providers find health problems early.
- Help you understand how other conditions you may have affect your health.
- Help you follow your provider's orders.
- Teach you about your medications.
- Help your providers work better together.
- Teach you how to improve your health. You will get help to quit smoking, eat better, exercise more, lose weight, or reduce your stress.
- Direct you to community resources that may help address your needs that are not covered by UPMC *for You*.
- Provide education through personalized materials and coaching sessions over the phone.

How can I learn more about a health management program?
Call the UPMC *for You* Health Management Department at **1-866-778-6073 (TTY: 711)**. Help is available Monday through Friday from 8 a.m. to 6 p.m.

Health coaching services
Working with a health coach can support you at the start and throughout your healthy lifestyle journey. Health coaching can help prevent the onset of chronic conditions, or it may help you manage existing conditions like diabetes, congestive heart failure (CHF), high blood pressure, or high cholesterol. You can work with a coach to manage many facets of your health, including losing weight, becoming more active, quitting tobacco/nicotine use, improving your diet, reducing stress, or improving your sleep.

To get connected with a health coach, you can call **1-855-395-8762 (TTY: 711)**. Help is available Monday through Friday from 8 a.m. to 6 p.m.

You can also have a telehealth visit with a coach through the Health & Wellness Coaching Practice

in the UPMC Anywhere Care app or sign up on UPMCAnywhereCare.com. Coaches are available Monday through Friday from 8 a.m. to 4 p.m. for on-demand or scheduled sessions.

If you prefer getting information and connecting through a mobile app/chat, you can download the RxWell mobile app for support from a health coach in a program of your choice.

RxWell: Prescription-Strength Health
Whether you want to improve your behavioral or physical health, RxWell®* has a path for you. The app's techniques can help you overcome common barriers to living your best life.

Choose your path
Choose from 10 effective programs based on your needs: Stress, Anxiety, Depression, Weight Management, Healthy Eating, Physical Activity, Ready to Quit (tobacco cessation), Sleep, Diabetes Management, and Healthy Families.

Learn provider-endorsed techniques
Each RxWell program offers self-guided activities that can help you build healthy habits and improve your mental space.

Track your progress
Identify patterns in your behaviors, moods, and emotions.

Get support from a health coach
Our health coaches are here to help you. They are experts in their field and are supervised by licensed behavioral health care providers. You can receive a personalized plan, set goals, and message your health coach for help along the way.

Accessing your account
Once you register for a UPMC Health Plan member site account, you can use your username and password to access the UPMC Health Plan and RxWell apps! You can register by going to **upmchealthplan.com/register**.

Take the first step to improve your health. Download RxWell today from the App Store or Google Play™!

**RxWell is available to UPMC Health Plan members who are 14 years of age or older.*

To learn more, call **1-855-395-8762 (TTY: 711)**. Help is available Monday through Friday from 8 a.m. to 6 p.m.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. UPMC *for You* care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Now you can get a prescription to work with a health coach
Through our innovative Prescription for Wellness program, your provider can write you a prescription to work one-on-one with a UPMC Health Plan health coach or care manager. The program is available at no cost to you, and you can opt out at any time.

The coach or care manager will let your provider know how you're doing with your health goals, ensuring that everyone stays in the loop.

Ask your provider about writing you a Prescription for Wellness today.

HIV/AIDS Services
Are there special services for members with HIV/AIDS?
Yes. Members with HIV/AIDS may need some extra services in their home or in the community. Any member with AIDS or symptomatic HIV is eligible for the following special services:

- More skilled nursing visits than are covered by regular Medical Assistance
- More home health aide care than is covered by regular Medical Assistance
- Supplies and nutritional supplements
- Nutritional education with a registered dietitian
- Specialized medical equipment
- Homemaker services—which are nonmedical services—to help you with everyday activities (bathing, dressing, light housekeeping, preparing meals, doing dishes, or grocery shopping)

How do I get these services?
Your PCP or other providers can order services for you. A UPMC *for You* participating provider will perform the services. For nutritional supplements and homemaker services, you must have prior authorization from UPMC *for You*. Your PCP or other provider will call the UPMC *for You* Utilization Management Department to request an authorization for nutritional supplements or homemaker services for you.

Are there specialists who are trained to treat HIV/AIDS?
Yes. Your PCP can evaluate and treat you for HIV/AIDS. Your PCP may also refer you to a specialist who can help treat you. You can talk to your PCP about a specialist who may meet your needs. You can also call the Health Care Concierge team for information about participating HIV/AIDS specialists.

Expanded Services

Expanded services are services or equipment that are not currently included in the Medicaid fee schedule for payment but may be requested as medically necessary by your provider and reviewed for coverage.

Who can get expanded services?
Any member who is younger than 21 is eligible to get expanded services.

How do I get expanded services?
If you or your child is younger than 21, your PCP or other provider must contact UPMC *for You* Utilization Management Department to explain why the service is medically necessary. After review by the Utilization Management Department, the provider will be notified in writing and by phone of the Utilization Management decision. If you need help getting the services you need or want more information, call the Special Needs Unit at **1-866-463-1462 (TTY: 711)**.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups.

Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP.

The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact the Pediatric Care Management and Special Needs Unit team at **1-866-463-1462 (TTY: 711)** and select the option for EPSDT.

When should an EPSDT exam be completed?
Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Children under 3 years of age need more frequent visits to monitor their developmental milestones and to receive important immunizations. After 3 years of age, every child should have an annual well-visit with their provider.

Your child's provider will tell you when these visits should occur.

Infants and toddlers will need several visits per year while children between the ages of 3 to 20 will need just 1 visit per year.

Recommended Screening Schedule			
Newborn Visit-First Pediatrician Visit (within 3–5 days)	0-1 Months	2-3 Months	4-5 Months
6-8 Months	9-11 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children ages 3-20 should be screened yearly			

What will the provider do during the EPSDT well-visit exam?
Your child's provider will ask you and your child questions, perform a comprehensive examination, check how much your child has grown, administer any immunizations that your child is due for, and determine what other services are needed based on your child's age group.

The following services are some examples of the services that may be performed during an exam depending on the child's age and needs of the child:

- A complete physical exam
- Immunizations
- Vision testing
- Hearing testing
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screening and/or counseling for tobacco, alcohol, and substance use starting at age 11
- Urinalysis screening
- Blood lead testing
- Developmental screening
- Anemia testing
- Dyslipidemia testing (cholesterol testing)
- Depression screening starting at age 12
- Maternal depression screening
- Newborn screenings

UPMC *for You* covers EPSDT well-visits. Additionally, UPMC *for You* covers services that are needed to treat health problems that are identified during the EPSDT exam. Additional services are available for children with special needs. Talk to your child's provider about whether or not your child may need additional services.

Your child's provider may also suggest a referral to our Pediatric Care Management team for additional support. Working with a pediatric care manager can help you prevent, improve, or manage a health condition for your child and support their health and well-being at home.

Our care managers can answer questions and help you:

- Find resources, including community resources.
- Schedule doctor appointments.
- Work with your child's doctor to manage your child's health conditions.

More information on pediatric preventive health and pediatric care management can be found at **upmchp.us/childrenshealth** or by calling **1-866-463-1462 (TTY: 711)**.

Section 4

Out-of-Network and Out-of-Plan Services

Out-of-Network Providers

An out-of-network provider is a provider who does not have a contract with UPMC *for You* to provide services to UPMC *for You*'s members.

There may be a time when you need to use a doctor or hospital that is not in the UPMC *for You* network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask UPMC *for You* that you be allowed to go to an out-of-network provider. UPMC *for You* will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If UPMC *for You* cannot give you a choice of at least two providers in your area, UPMC *for You* will cover medically necessary services provided by an out-of-network provider.

Getting Care While Outside of UPMC *for You*'s Service Area

If you are outside of UPMC *for You*'s service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from UPMC *for You* to get care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a nonemergency condition while outside the service area, call your PCP, or the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** will help you to get the most appropriate care.

UPMC *for You* will not pay for services received outside the United States and its territories.*

**The United States is defined to include the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.*

Out-of-Plan Services

You may be eligible to get services other than those provided by UPMC *for You*. Below are some services that are available but are not covered by UPMC *for You*. If you would like help getting these services, please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.

Nonemergency Medical Transportation
UPMC *for You* does not cover nonemergency medical transportation for most HealthChoices members. UPMC *for You* can help you arrange transportation to covered service appointments through programs such as Shared Ride or the MATP described below.

UPMC *for You* does cover nonemergency medical transportation if:

- You live in a nursing home and need to go to any medical appointment or an urgent care center or a pharmacy for any Medical Assistance service, DME, or medicine.
- You need specialized, nonemergency medical transportation, such as if you need to use a stretcher to get to your appointment.

If you have questions about nonemergency medical transportation, please call the UPMC *for You* Transportation Request Line at **1-833-267-7312 (TTY: 711)**. Help is available Monday through Friday 8 a.m. to 5 p.m.

Medical Assistance Transportation Program
Medical Assistance Transportation Program (MATP) provides nonemergency transportation to and from qualified Medical Assistance-enrolled medical providers and pharmacies of your choice who are generally available and used by other residents of your community. This service is provided at no cost to you. The MATP in the county where you live will determine your need for services and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation such as buses, subways, or trains are available, MATP provides tokens or passes or repays you for the public transportation fare if you live within 1/4 mile of a fixed route service stop.
- If you or someone else has a car that you can use to get to your appointment, MATP may pay you an amount per mile, plus parking and tolls with valid receipts.

- Where public transportation is not available or is not right for you, MATP provides rides in paratransit vehicles, which include vans, vans with lifts, or taxis. Usually, the vehicle will have more than one rider with different pick-up and drop-off times and locations.

If you need transportation to a medical appointment or to the pharmacy, contact your local MATP to get more information and to register for services. Telephone numbers are listed in the following chart, or a complete list of county MATP contact information can be found here: **matp.pa.gov/CountyContact.aspx**.

MATP will confirm with UPMC *for You* or your doctor's office that the medical appointment you need transportation for is a covered service. UPMC *for You* works with MATP to help you arrange transportation. You can also call the Health Care Concierge team for more information at **1-800-286-4242 (TTY: 711)**.

MATP County Phone Numbers

County	Local Number	Toll-Free
Adams	1-717-846-RIDE (7433)	1-800-632-9063
Allegheny	1-412-350-4476	1-888-547-6287
Armstrong	1-724-548-3408	1-800-468-7771
Beaver	1-724-375-2895	1-800-262-0343
Bedford	1-814-623-9129	1-800-323-9997
Berks	1-610-921-2361	1-800-383-2278
Blair	1-814-695-3500	1-800-458-5552
Bradford	1-570-888-7330	1-800-242-3484
Bucks	1-215-794-5554	1-888-795-0740
Butler	1-724-431-3663	1-866-638-0598
Cambria	1-814-535-4630	1-888-647-4814
Cameron	1-866-282-4968	1-866-282-4968
Carbon	1-570-669-6380	Same as local number
Centre	1-814-355-6807	Same as local number
Chester	1-484-696-3854	1-877-873-8415
Clarion	1-814-226-7012	1-800-672-7116
Clearfield	1-814-765-1551	1-800-822-2610
Clinton	1-570-323-7575	1-800-206-3006
Columbia	1-717-846-RIDE (7433)	1-800-632-9063
Crawford	1-814-333-7090	1-800-210-6226
Cumberland	1-717-846-RIDE (7433)	1-800-632-9063
Dauphin	1-717-232-9880	1-800-309-8905
Delaware	1-610-490-3960	1-866-450-3766
Elk	1-866-282-4968	1-866-282-4968
Erie	1-814-456-2299	Same as local number
Fayette	1-724-628-7433	1-800-321-7433
Forest	1-814-927-8266	1-800-222-1706
Franklin	1-717-846-RIDE (7433)	1-800-632-9063
Fulton	1-717-485-6767	1-888-329-2376
Greene	1-724-627-6778	1-877-360-7433

County	Local Number	Toll-Free
Huntingdon	1-814-641-6408	1-800-817-3383
Indiana	1-724-465-2140	1-800-524-2766
Jefferson	1-814-938-3302	1-877-411-0585
Juniata	1-717-242-2277	1-800-348-2277
Lackawanna	1-570-963-6482	Same as local number
Lancaster	1-717-291-1243	1-800-892-1122
Lawrence	1-724-658-7258	1-888-252-5104
Lebanon	1-717-273-9328	Same as local number
Lehigh	1-610-253-8333	1-888-253-8333
Luzerne	1-570-288-8420	1-800-679-4135
Lycoming	1-570-323-7575	1-800-222-2468
McKean	1-866-282-4968	1-866-282-4968
Mercer	1-724-662-6222	Same as local number
Mifflin	1-717-242-2277	1-800-348-2277
Monroe	1-570-839-6282 ext. 434	1-888-955-6282
Montgomery	1-215-542-7433	Same as local number
Montour	1-717-846-RIDE (7433)	1-800-632-9063
Northampton	1-610-253-8333	1-888-253-8333
Northumberland	1-717-846-RIDE (7433)	1-800-632-9063
Perry	1-717-846-RIDE (7433)	1-800-632-9063
Philadelphia	1-877-835-7412	1-877-835-7412
Pike	1-570-296-3408	1-866-681-4947
Potter	1-814-544-7315	1-800-800-2560
Schuylkill	1-570-628-1425	1-800-656-0700
Snyder	1-717-846-RIDE (7433)	1-800-632-9063
Somerset	1-814-701-3691	1-800-452-0241
Sullivan	1-570-888-7330	1-800-242-3484
Susquehanna	1-570-278-6140	1-866-278-9332
Tioga	1-570-888-7330	1-800-242-3484
Union	1-717-846-RIDE (7433)	1-800-632-9063
Venango	1-814-432-9767	Same as local number
Warren	1-814-723-1874	1-877-723-9456
Washington	1-724-223-8747	1-800-331-5058
Wayne	1-570-253-4280	1-800-662-0780
Westmoreland	1-724-832-2706	1-800-242-2706
Wyoming	1-570-278-6140	1-866-278-9332
York	1-717-846-RIDE (7433)	1-800-632-9063

Women, Infants, and Children Program
The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy.

You can ask your maternity care provider for a WIC application at your next visit or call **1-800-WIC-WINS (1-800-942-9467)**. For more information, visit the WIC website at **pawic.com**.

Domestic Violence Crisis and Prevention
Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder abuse
- Intimate partner violence later in life
- Intimate partner abuse
- Domestic violence in LGBTQIA+ community

There are many different names used to talk about domestic violence. It can be called abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship, or dating violence.

If any of these things are happening to you or have happened, or if you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:
National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence
The services provided to domestic violence victims include crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)
1-800-537-2238 (national)

Sexual Violence and Rape Crisis
Sexual violence includes any type of unwanted sexual contact, words, or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example: prostitution)
- Sexual harassment
- Anti-LGBTQIA+ bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental, or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to get help:
Pennsylvania rape crisis centers serve all adults and children. Services include:

- Free and confidential crisis counseling 24 hours a day.
- Services for a survivor's family, friends, partners, or spouses.
- Information and referrals to other services in your area and prevention education programs.

Call **1-888-772-7227** or visit the link below to reach your local rape crisis center.

Pennsylvania Coalition Against Rape (**pcar.org**)

Early Intervention Services
While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children birth to the age of 5 who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

Early intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family. These services and supports address the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

Parents who have questions about their child's development may contact the CONNECT Helpline at **1-800-692-7288** or visit **papromiseforchildren.com**. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children from birth to age 5. In addition, CONNECT can help parents with contacting their county Early Intervention Program or local preschool Early Intervention Program.

Section 5

Special Needs

Special Needs Unit

UPMC *for You* wants to make sure all of our members get the care they need. We have trained case managers in the UPMC *for You* Special Needs Unit that help our members with special needs have access to the care they need. The case managers of the unit help members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. UPMC *for You* understands that you and your family may need help with issues that may not be directly related to your health care needs. The Special Needs Unit is able to assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you or someone in your family has a special need and you would like the Special Needs Unit to help you, please contact them by calling **1-866-463-1462 (TTY: 711)**. Special needs assistance is available to members Monday through Friday from 8 a.m. to 6 p.m. If you need assistance when Special Needs Unit staff are not available, you may call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)**. Help is available Monday, Tuesday, Thursday, and Friday from 8 a.m. to 6 p.m. and Wednesday from 8 a.m. to 8 p.m.

Coordination of Care

The UPMC *for You* Special Needs Unit will help you coordinate care for you and your family who are members of UPMC *for You*. In addition, UPMC *for You* can assist in connecting you with other state and local programs.

If you need help with any part of your care, your child's care, or coordinating that care with another state, county, or local program, please contact the UPMC *for You* Special Needs Unit for assistance.

The UPMC *for You* Special Needs Unit will also assist members in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our members to be able to move back home as soon as possible. Please contact the UPMC *for You* Special Needs Unit for assistance in help receiving care in your home.

Home- and Community-Based Waivers and Long-Term Services and Supports

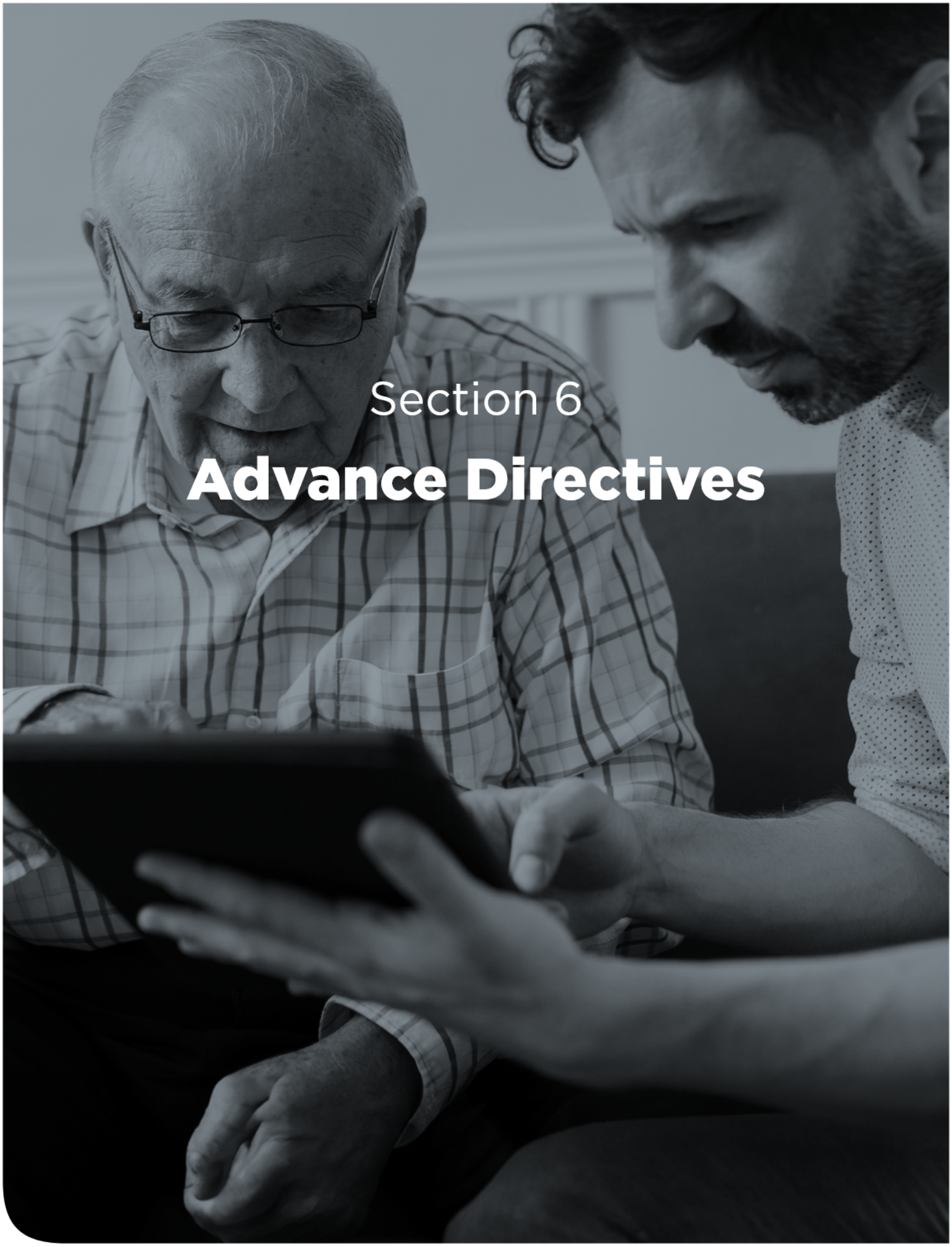
The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, Adult Autism Waiver, and the Adult Community Autism Program (ACAP) for individuals with intellectual disabilities or autism. If you have questions regarding any of these programs, you may contact ODP's Customer Service Hotline at **1-888-565-9435 (TTY: 1-866-388-1114)**, or request assistance from the Special Needs Unit at UPMC *for You*.

The Office of Long-Term Living (OLTL) administers programs for seniors and individuals with physical disabilities. This includes the Community HealthChoices Program (CHC). The CHC program is a Medical Assistance managed care program for individuals who also have Medicare coverage or who need the services of a nursing facility or home- and community-based waiver.

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at **1-800-757-5042**, **the CHC Helpline at 1-844-824-3655**, or request assistance from the UPMC *for You* Special Needs Unit at **1-866-463-1462 (TTY: 711)**. Special Needs Unit staff members are available Monday through Friday from 8 a.m. to 6 p.m.

Medical Foster Care

The Office of Children, Youth, and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program, please contact the Special Needs Unit at **1-866-463-1462 (TTY: 711)**. Special Needs Unit staff members are available Monday through Friday from 8 a.m. to 6 p.m.



Section 6

Advance Directives

Advance Directives

There are two types of advance directives: Living Wills and Health Care Powers of Attorney. These allow for your wishes to be respected if you are unable to decide or speak for yourself. If you have either a Living Will or a Durable Health Care Power of Attorney, you should give it to your PCP, other providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding advance directives are changed, UPMC *for You* will tell you in writing what the change is within 90 days of the change. For information on UPMC *for You*'s policies on advance directives, call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** or visit UPMC *for You*'s website at **upmchealthplan.com**.

Living Wills

A Living Will is a document that you create. It states what medical care you do, and do not, want to get if you cannot tell your doctor or other providers the type of care you want. Your doctor must have a copy and must decide that you are unable to make decisions for yourself for a Living Will to be used. You may revoke or change a Living Will at any time.

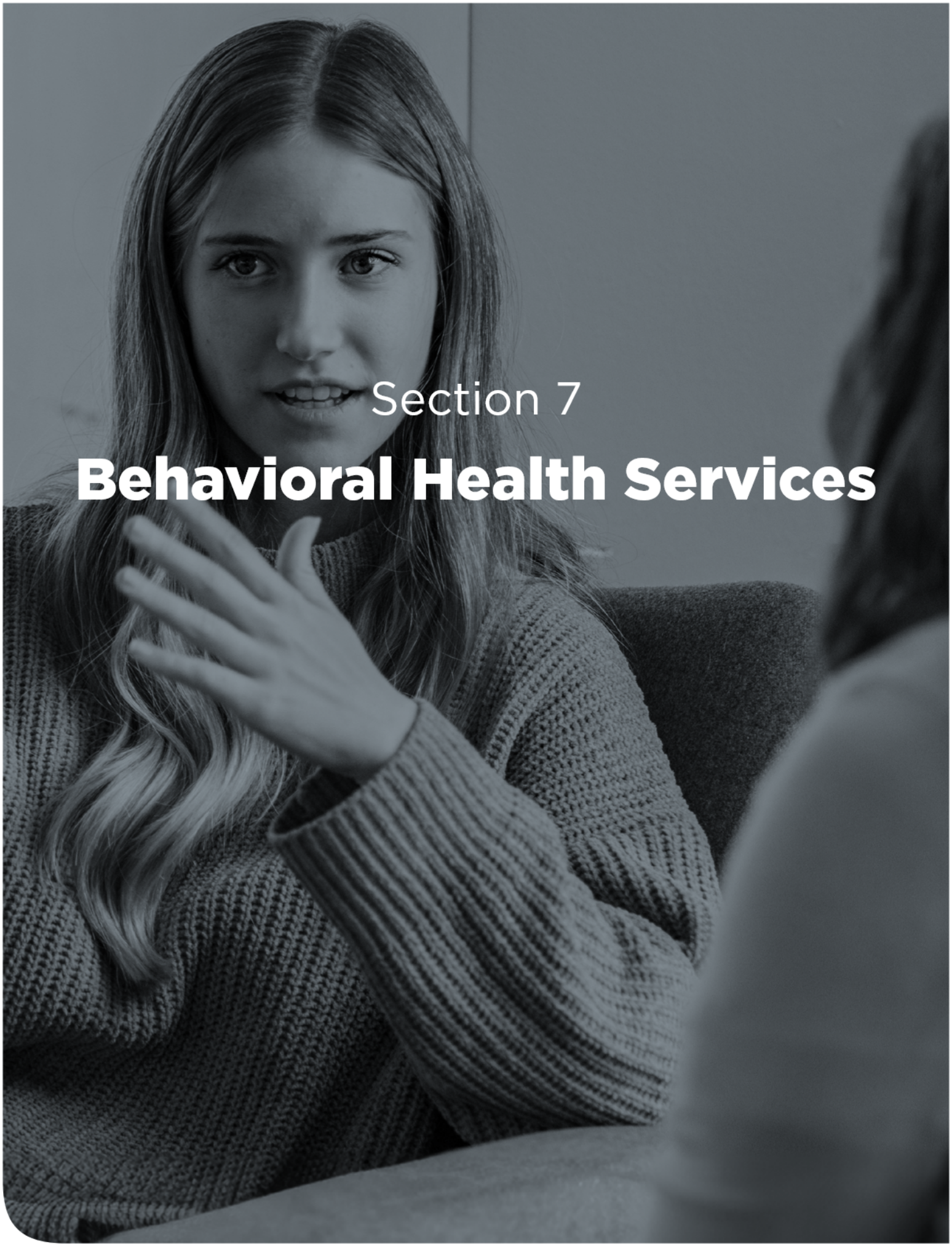
Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711)** for more information or direction to resources near you.

What to Do if a Provider Does Not Follow Your Advance Directive

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, UPMC *for You* will help you find a provider that will carry out your wishes. Please call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page 81 in Section 8 of this handbook, Complaints, Grievances, and Fair Hearings, for information on how to file a Complaint, or call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)**.



Section 7

Behavioral Health Services

Behavioral Health Care

Behavioral health services include both mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCO) that are overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

Contact information for the BH-MCOs is listed below. You can also call the Health Care Concierge team at **1-800-286-4242 (TTY: 711)** to get contact information for your BH MCO.

You can call your BH-MCO toll-free 24 hours a day, 7 days a week, 365 days a year.

You do not need a referral from your PCP to get behavioral health services, but your PCP will work with your BH-MCO and behavioral health providers to help get you the care that best meets your needs. You should let your PCP know if you, or someone in your family, is having a mental health or drug and alcohol problem.

The following services are covered:*

Intensive Behavioral Health Services (IBHS) (children and adolescents)

- Clozapine (Clozaril) support services
- Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult)
- Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family-based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (children and adolescent)
- Targeted case management services

**Covered services are dependent on the county and BH-MCO where you have benefits.*

If you have questions about transportation to appointments for any of these services, contact your BH-MCO.

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, call the Suicide & Crisis Lifeline at 988* (1-800-273-8255 [1-800-273-TALK]. TTY users should call 711. For support for veterans, press 1. For LGBTQIA+ support, press 3). Help is available 24 hours a day, 7 days a week, 365 days a year across the United States.

The UPMC *for You* Health Care Concierge team is available Monday, Tuesday, Thursday, and Friday from 8 a.m. to 6 p.m. and Wednesday from 8 a.m. to 8 p.m. and can be reached at **1-800-286-4242 (TTY: 711)** (for behavioral health support, press 3).

**If you are in crisis, please call 911, go to the nearest emergency room, or call your local ambulance service. If you or someone you know is having suicidal thoughts, or a mental health or substance use crisis, call or text 988 for the Suicide & Crisis Lifeline or visit 988Lifeline.org to chat.*

Behavioral Health Managed Care Organizations

Behavioral health managed care organizations (BH-MCOs) vary by county. Refer to this list to find out which BH-MCO is available in your county:

County	Behavioral Health Provider	Contact Information
Adams	Community Care Behavioral Health Organization	1-866-738-9849 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Allegheny	Community Care Behavioral Health Organization	1-800-553-7499 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Armstrong	Carelon Health of Pennsylvania	1-877-688-5969 TTY: 711 pa.carelon.com
Beaver	Carelon Health of Pennsylvania	1-877-688-5970 TTY: 711 pa.carelon.com
Bedford	Community Care Behavioral Health Organization	1-866-483-2908 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Berks	Community Care Behavioral Health Organization	1-866-292-7886 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Blair	Community Care Behavioral Health Organization	1-855-520-9715 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Bradford	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Bucks	Magellan Behavioral Health (MBH) of PA	1-877-769-9784 TTY: 711 magellanofpa.com
Butler	Carelon Health of Pennsylvania	1-877-688-5971 TTY: 711 pa.carelon.com
Cambria	Magellan Behavioral Health (MBH) of PA	1-800-424-0485 TTY: 711 magellanofpa.com

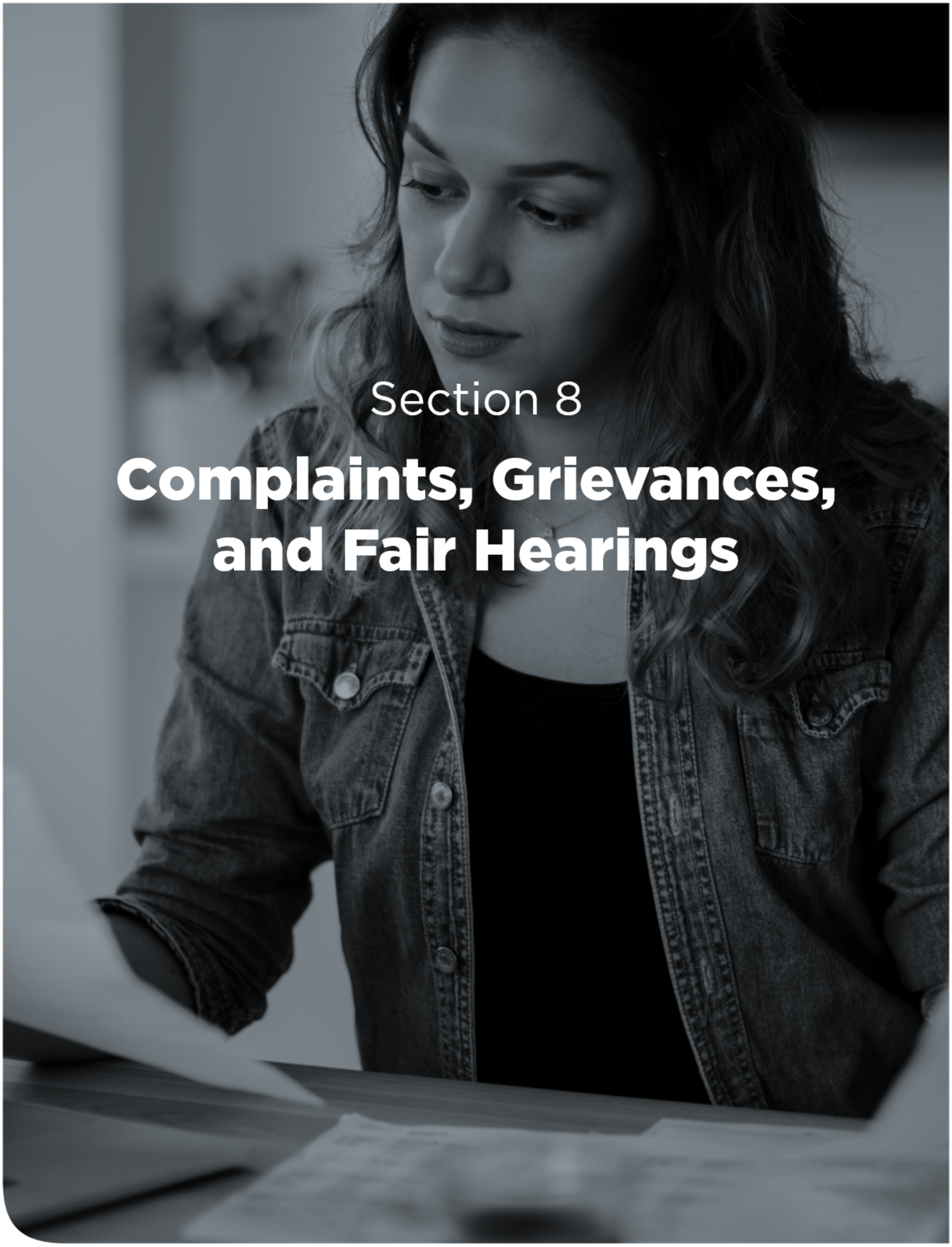
County	Behavioral Health Provider	Contact Information
Cameron	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Carbon	Community Care Behavioral Health Organization	1-866-473-5862 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Centre	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Chester	Community Care Behavioral Health Organization	1-866-622-4228 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Clarion	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Clearfield	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request, 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Clinton	Community Care Behavioral Health Organization	1-855-520-9787 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Columbia	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Crawford	Carelon Health of Pennsylvania	1-866-404-4561 TTY: 711 pa.carelon.com
Cumberland	PerformCare	1-888-722-8646 TTY: 1-800-654-5984 or 711 pa.performcare.org
Dauphin	PerformCare	1-888-722-8646 TTY: 1-800-654-5984 or 711 pa.performcare.org
Delaware	Community Care Behavioral Health Organization	1-833-577-2682 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com

County	Behavioral Health Provider	Contact Information
Elk	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Erie	Community Care Behavioral Health Organization	1-855-224-1777 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Fayette	Carelon Health of Pennsylvania	1-877-688-5972 TTY: 711 pa.carelon.com
Forest	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Franklin	PerformCare	1-866-773-7917 TTY: 1-800-654-5984 or 711 pa.performcare.org
Fulton	PerformCare	1-866-773-7917 TTY: 1-800-654-5984 or 711 pa.performcare.org
Greene	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Huntingdon	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Indiana	Carelon Health of Pennsylvania	1-877-688-5969 TTY: 711 pa.carelon.com
Jefferson	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Juniata	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Lackawanna	Community Care Behavioral Health Organization	1-866-668-4696 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com

County	Behavioral Health Provider	Contact Information
Lancaster	PerformCare	1-888-722-8646 TTY: 1-800-654-5984 or 711 pa.performcare.org
Lawrence	Carelon Health of Pennsylvania	1-877-688-5975 TTY: 711 pa.carelon.com
Lebanon	PerformCare	1-888-722-8646 TTY: 1-800-654-5984 or 711 pa.performcare.org
Lehigh	Magellan Behavioral Health (MBH) of PA	1-866-238-2311 TTY: 711 magellanofpa.com
Luzerne	Community Care Behavioral Health Organization	1-866-668-4696 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Lycoming	Community Care Behavioral Health Organization	1-855-520-9787 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
McKean	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, Request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Mercer	Carelon Health of Pennsylvania	1-866-404-4561 TTY: 711 pa.carelon.com
Mifflin	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Monroe	Community Care Behavioral Health Organization	1-866-473-5862 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Montgomery	Magellan Behavioral Health (MBH) of PA	1-877-769-9782 TTY: 711 magellanofpa.com
Montour	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Northampton	Magellan Behavioral Health (MBH) of PA	1-866-238-2312 TTY: 711 magellanofpa.com

County	Behavioral Health Provider	Contact Information
Northumberland	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Perry	PerformCare	1-888-722-8646 TTY: 1-800-654-5984 or 711 pa.performcare.org
Philadelphia	Community Behavioral Health	1-888-545-2600 TTY: 1-888-436-7482 CBHphilly.org
Pike	Community Care Behavioral Health Organization	1-866-473-5862 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Potter	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Schuylkill	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Snyder	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Somerset	Community Care Behavioral Health Organization	1-866-483-2908 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Sullivan	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Susquehanna	Community Care Behavioral Health Organization	1-866-668-4696 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Tioga	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com

County	Behavioral Health Provider	Contact Information
Union	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Venango	Carelon Health of Pennsylvania	1-866-404-4561 TTY: 711 pa.carelon.com
Warren	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Washington	Carelon Health of Pennsylvania	1-877-688-5976 TTY: 711 pa.carelon.com
Wayne	Community Care Behavioral Health Organization	1-866-878-6046 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
Westmoreland	Carelon Health of Pennsylvania	1-877-688-5977 TTY: 711 pa.carelon.com
Wyoming	Community Care Behavioral Health Organization	1-866-668-4696 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com
York	Community Care Behavioral Health Organization	1-866-542-0299 TTY: 711, request 1-833-545-9191 Spanish line: 1-866-229-3187 ccbh.com



Section 8

Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or UPMC *for You* does something that you are unhappy about or do not agree with, you can tell UPMC *for You* or the Department of Human Services what you are unhappy about or that you disagree with what the provider or UPMC *for You* has done. This section describes what you can do and what will happen.

Complaints

What is a Complaint?
A Complaint is when you tell UPMC *for You* that you are unhappy with UPMC *for You* or your provider or do not agree with a decision by UPMC *for You*.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that UPMC *for You* has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First-Level Complaint

What should I do if I have a Complaint?
To file a First-Level Complaint:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Complaint, or
- Write down your Complaint and send it to UPMC *for You* using one of the below methods, or
- If you received a notice from UPMC *for You* telling you UPMC *for You*'s decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to UPMC *for You* using one of the below methods.

UPMC *for You*'s contact information for Complaints:
By mail at UPMC *for You*
Complaints, Grievances, and Appeals
PO Box 2939
Pittsburgh, PA 15230-2939

By fax at 412-454-7920

By secure web portal at upmchealthplan.com, by clicking "Forms and Guides" and "Plans and Coverage," then select "Complaint or Grievance Submission Form".

By secure email* at upmcforyouappeals@upmc.edu

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

You can also submit a complaint or grievance by completing the online Complaint or Grievance Submission Form. This form can be found on the UPMC Health Plan member site under **Plans and Coverage**. Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When should I file a First-Level Complaint?
Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that:

- UPMC *for You* has decided that you cannot get a service or item you want because it is not a covered service or item.
- UPMC *for You* will not pay a provider for a service or item you got.
- UPMC *for You* did not tell you its decision about a Complaint or Grievance you told UPMC *for You* about within 30 days from when UPMC *for You* got your Complaint or Grievance.
- UPMC *for You* has denied your request to disagree with UPMC *for You*'s decision that you have to pay your provider.

You must file a Complaint within **60 days of the date you should have gotten a service or item** if the provider fails to provide that service or item. The time by which you should have received a service or item is listed below:

New member appointment for your first examination ...	**We will make an appointment for you ...**
Members with HIV/AIDS	With PCP or specialist no later than 7 days after you become a member in UPMC *for You* unless you are already being treated by a PCP or specialist
Members who receive Supplemental Security Income (SSI)	With PCP or specialist no later than 45 days after you become a member in UPMC *for You* unless you are already being treated by a PCP or specialist
Members under the age of 21	With PCP for an EPSDT exam no later than 45 days after you become a member in UPMC *for You* unless you are already being treated by a PCP or specialist
All other members	With PCP no later than 3 weeks after you become a member in UPMC *for You*
New member appointment for your first examination ...	**We will make an appointment for you...**
Members who are pregnant:	**We will make an appointment for you...**
Pregnant women in their first trimester	With ob-gyn provider within 10 business days of UPMC *for You* learning you are pregnant
Pregnant women in their second trimester	With ob-gyn provider within 5 business days of UPMC *for You* learning you are pregnant
Pregnant women in their third trimester	With ob-gyn provider within 4 business days of UPMC *for You* learning you are pregnant
Pregnant women with high-risk pregnancies	With ob-gyn provider within 24 hours of UPMC *for You* learning you are pregnant
Appointment with ...	**An appointment must be scheduled ...**
PCP	
Urgent medical condition	Within 24 hours
Routine appointment	Within 10 business days
Health assessment/general physical examination	Within 3 weeks
Specialists (when referred by PCP)	
Urgent medical condition	Within 24 hours of referral

Appointment with ...	An appointment must be scheduled ...
Routine appointment with one of the following specialists: • Otolaryngology • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy & Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry	Within 15 business days of referral
Routine appointment with all other specialists	Within 10 business days of referral

You may file **all other Complaints at any time.**

What happens after I file a First-Level Complaint?
After you file your Complaint, you will get a letter from UPMC *for You* telling you that UPMC *for You* has received your Complaint, and about the First-Level Complaint review process.

You may ask UPMC *for You* to see any information UPMC *for You* has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to UPMC *for You*.

You may attend the Complaint review if you want to attend it. UPMC *for You* will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of one or more UPMC *for You* staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. UPMC *for You* will mail you a notice within 30 days from the date you filed your First-Level Complaint to tell you the decision on your First-Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 91.

What to do to continue getting services:
If you have been getting the services or items that are being reduced, changed, or denied and you file a Complaint that is postmarked, or received by UPMC *for You* within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

What if I do not like UPMC *for You*'s decision?
You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- UPMC *for You*'s decision that you cannot get a service or item you want because it is not a covered service or item
- UPMC *for You*'s decision to not pay a provider for a service or item you got
- UPMC *for You*'s failure to decide a Complaint or Grievance you told UPMC *for You* about within 30 days from when UPMC *for You* got your Complaint or Grievance
- You not getting a service or item within the time by which you should have received it
- UPMC *for You*'s decision to deny your request to disagree with UPMC *for You*'s decision that you have to pay your provider

You must ask for an external Complaint review within **15 days of the date you got the First-Level Complaint decision notice**.

You must ask for a Fair Hearing within **120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second-Level Complaint within **45 days of the date you got the Complaint decision notice**.

For information about Fair Hearings, see page 91
For information about external Complaint review, see page 86.
If you need more information about help during the Complaint process, see page 91.

Second-Level Complaint

What should I do if I want to file a Second-Level Complaint?
To file a Second-Level Complaint:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Second-Level Complaint, or
- Write down your Second-Level Complaint and send it to UPMC *for You* by using one of the below methods by completing the online Complaint or Grievance Submission Form. This form can be found on the UPMC Health Plan member site under **Plans and Coverage**.
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to UPMC *for You* using one of the below methods.

UPMC *for You*'s contact information for Second-Level Complaints:

By mail at UPMC *for You*
Complaints, Grievances, and Appeals
PO Box 2939
Pittsburgh, PA 15230-2939

By fax at 412-454-7920

By secure web portal at upmchealthplan.com, by clicking "Forms and Guides" and "Plans and Coverage," then select "Complaint or Grievance Submission Form".

By secure email* at upmcforyouappeals@upmc.edu

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

What happens after I file a Second-Level Complaint?
After you file your Second-Level Complaint, you will get a letter from UPMC *for You* telling you that UPMC *for You* has received your Complaint, and about the Second-Level Complaint review process.

You may ask UPMC *for You* to see any information UPMC *for You* has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to UPMC *for You*.

You may attend the Complaint review if you want to attend it. UPMC *for You* will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of three or more people, including at least one person who does not work for UPMC *for You*, will meet to decide your Second-Level Complaint. The UPMC *for You* staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. UPMC *for You* will mail you a notice within 45 days from the date your Second-Level Complaint was received to tell you the decision on your Second-Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 91.

What if I do not like UPMC *for You*'s decision on my Second-Level Complaint?
You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

You must ask for an external review within **15 days of the date you got the Second-Level Complaint decision notice**.

External Complaint Review

How do I ask for an External Complaint Review?
Send your written request for an external review of your Complaint to the following:

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, PA 17120

Fax: 717-787-8585

You can also go to the "File a Complaint" page at: **insurance.pa.gov/Consumers**

If you need help filing your request for external review, call the Bureau of Consumer Services at **1-877-881-6388**.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What happens after I ask for an External Complaint Review?
The Insurance Department will get your file from UPMC *for You*. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person, such as your representative, during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and your request for an external Complaint review is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you UPMC *for You*'s First-Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you UPMC *for You*'s First-Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

Grievances

What is a Grievance?
When UPMC *for You* denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you UPMC *for You*'s decision.

A Grievance is when you tell UPMC *for You* you disagree with UPMC *for You*'s decision.

What should I do if I have a Grievance?
To file a Grievance:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Grievance, or
- Write down your Grievance and send it to UPMC *for You* using one of the below methods or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from UPMC *for You* and send it to UPMC *for You* using one of the below methods.

UPMC *for You*'s contact information for Grievances:

By mail at UPMC *for You*
Complaints, Grievances, and Appeals
PO Box 2939
Pittsburgh, PA 15230-2939

By fax at 412-454-7920

By secure web portal at upmchealthplan.com, by clicking "Forms and Guides" and "Plans and Coverage," then select "Complaint or Grievance Submission Form".

By secure email* at upmcforyouappeals@upmc.edu

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

You can also submit a complaint or grievance by completing the online Complaint or Grievance Submission Form. This form can be found on the UPMC Health Plan member site under **Plans and Coverage.**

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When should I file a Grievance?
You must file a Grievance within **60 days from the date you got the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What happens after I file a Grievance?
After you file your Grievance, you will get a letter from UPMC *for You* telling you that UPMC *for You* has received your Grievance, and about the Grievance review process.

You may ask UPMC *for You* to see any information that UPMC *for You* used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to UPMC *for You*.

You may attend the Grievance review if you want to attend it. UPMC *for You* will tell you the location, date, and time of the Grievance review at least 10

days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of three or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The UPMC *for You* staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. UPMC *for You* will mail you a notice within 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 91.

What to do to continue getting services:
If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance that is postmarked or received by UPMC for You within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What if I do not like UPMC *for You*'s decision?
You may ask for an External Grievance Review or a Fair Hearing, or you may ask for both an External Review and a Fair Hearing. An External Review is a review by a doctor who does not work for UPMC *for You*.

You must ask for an External Review within **15 days of the date you got the Grievance decision notice.**

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 91.

For information about external Grievance reviews, see below.

If you need more information about help during the Grievance process, see page 91.

External Grievance Review

How do I ask for External Grievance Review?
To ask for an external Grievance review:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Grievance, or
- Write down your Grievance and send it to UPMC *for You* using one of the below methods.

UPMC *for You*'s contact information for External Grievances:

By mail at UPMC *for You*
Complaints, Grievances, and Appeals
PO Box 2939
Pittsburgh, PA 15230-2939

By fax at 412-454-7920

By secure web portal at upmchealthplan.com, by clicking "Forms and Guides" and "Plans and Coverage," then select "Complaint or Grievance Submission Form".

By secure email* at upmcforyouappeals@upmc.edu

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

UPMC *for You* will send your request for an external Grievance review to the Pennsylvania Insurance Department.

What happens after I ask for an External Grievance Review?
UPMC *for You* will notify you of the external reviewer's name, address, email address, fax number, and phone number. You will also be given information about the external Grievance review process.

UPMC *for You* will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of being notified of the external reviewer's name, address, and phone number.

You will receive a decision letter within 60 days of the date you asked for an External Review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:
If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a written request that is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you UPMC *for You*'s Grievance decision, the services or items will continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you the UPMC *for You*'s Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

What can I do if my health is at immediate risk?
If your doctor or dentist believes that waiting 30 days to get a decision about your First-Level Complaint or Grievance, or 45 days to get a decision about your Second-Level Complaint, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask UPMC *for You* for an early decision by calling UPMC *for You* at **1-800-286-4242 (TTY: 711)**, faxing a letter or the Complaint/Grievance Request Form to **412-454-7920**, submitting through secure web portal at **upmchealthplan.com**, by clicking "Forms and Guides" and "Plans and Coverage," then select "Complaint or Grievance Submission Form", or sending an email to **upmcforyouappeals@upmc.edu**.
- Your doctor or dentist should fax a signed letter to **412-454-7920** within 72 hours of your request for an early decision that explains why UPMC *for You* taking 30 days to tell you a decision about your First-Level Complaint or Grievance, or 45 days to tell you a decision about your Second-Level Complaint, could harm your health.

If UPMC *for You* does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, UPMC *for You* will decide your Complaint or Grievance in the usual time frame of 30 days from when UPMC *for You* first got your First-Level Complaint or Grievance, or 45 days from when UPMC *for You* got your Second-Level Complaint.

Expedited Complaint and Expedited External Complaint
A committee of three or more people, including a licensed doctor or licensed dentist, will meet to decide your Complaint. The UPMC *for You* staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person but may have to appear by phone or by videoconference because UPMC *for You* has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

UPMC *for You* will tell you the decision about your Complaint within 48 hours of when UPMC *for You* gets your doctor's or dentist's letter explaining why

the usual time frame for deciding your Complaint will harm your health or within 72 hours from when UPMC *for You* gets your request for an early decision, whichever is sooner, unless you ask UPMC *for You* to take more time to decide your Complaint. You can ask UPMC *for You* to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for an expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Pennsylvania Insurance Department within **2 business days from the date you get the expedited Complaint decision notice**. To ask for an expedited external review of a Complaint:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Complaint, or
- Send an email to UPMC *for You* at **upmcforyouappeals@upmc.edu**, or
- Write down your Complaint and send it to UPMC *for You* by mail or fax:

  By mail at UPMC *for You*
  Complaints and Grievances Department
  PO Box 2939
  Pittsburgh, PA 15230-2939

  By fax at 412-454-7920

UPMC *for You* will send your request for expedited review to the Pennsylvania Insurance Department within 24 hours of receiving it.

Expedited Grievance and Expedited External Grievance
A committee of three or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The UPMC *for You* staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person but may have to appear by phone or by videoconference because UPMC *for You* has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

UPMC *for You* will tell you the decision about your Grievance within 48 hours of when UPMC *for You* gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when UPMC *for You* gets your request for an early decision, whichever is sooner, unless you ask UPMC *for You* to take more time to decide your Grievance. You can ask UPMC *for You* to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

You must ask for expedited external Grievance review within **2 business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call UPMC *for You* at **1-800-286-4242 (TTY: 711)** and tell UPMC *for You* your Grievance, or
- Send an email to UPMC *for You* at **upmcforyouappeals@upmc.edu**, or
- Write down your Grievance and send it to UPMC *for You* by mail or fax:

  By mail at UPMC *for You*
  Complaints and Grievances Department
  PO Box 2939
  Pittsburgh, PA 15230-2939

  By fax at 412-454-7920

UPMC *for You* will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date** on the notice telling you the expedited Grievance decision.

What kind of help can I have with the Complaint and Grievance processes?

If you need help filing your Complaint or Grievance, a staff member of UPMC *for You* will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer, or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell UPMC *for You*, in writing, the name of that person and how UPMC *for You* can reach him or her.

You or the person you choose to represent you may ask UPMC *for You* to see any information UPMC *for You* has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call UPMC *for You*'s toll-free telephone number at **1-800-286-4242 (TTY: 711)** if you need help or have questions about Complaints and Grievances, you can also contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

Persons whose Primary Language is not English
If you ask for language services, UPMC *for You* will provide the services at no cost to you.

Persons with Disabilities
UPMC *for You* will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by UPMC *for You* at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings

In some cases, you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something UPMC *for You* did or did not do. These hearings are called Fair Hearings. You can ask for a Fair Hearing after UPMC *for You* decides your First-Level Complaint or decides your Grievance.

What can I request a Fair Hearing about and by when do I have to ask for a Fair Hearing?
Your request for a Fair Hearing must be postmarked, faxed, or submitted via email* within **120 days from the date on the notice** telling you UPMC *for You*'s decision on your First-Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item
- The denial of payment to a provider for a service or item you got, and the provider can bill you for the service or item
- UPMC *for You*'s failure to decide a First-Level Complaint or Grievance you told UPMC *for You* about within 30 days from when UPMC *for You* got your Complaint or Grievance
- The denial of your request to disagree with UPMC *for You*'s decision that you have to pay your provider
- The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary
- You're not getting a service or item within the time by which you should have received a service or item

You can also request a Fair Hearing within 120 days from the date on the notice telling you that UPMC *for You* failed to decide a First-Level Complaint or Grievance you told UPMC *for You* about within 30 days from when UPMC *for You* got your Complaint or Grievance.

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

How do I ask for a Fair Hearing?
Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice or write and sign a letter or email.

If you write a letter or email*, it needs to include the following information:

- Your (the member's) name and date of birth
- A telephone number where you can be reached during the day
- Whether you want to have the Fair Hearing in person or by telephone
- The reason(s) you are asking for a Fair Hearing
- A copy of any letter you received about the issue you are asking for a Fair Hearing about

**Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

You may send a request for a Fair Hearing through email and provide your personal identifying information in a letter mailed to the above address.

You must send your request for a Fair Hearing to the following address:

Department of Human Services
Office of Medical Assistance
Programs—HealthChoices Program
Complaint, Grievance and Fair Hearings
PO Box 2675
Harrisburg, PA 17105-2675
Fax: 1-717-772-6328
Email: RA-PWCGFHteam@pa.gov

What happens after I ask for a Fair Hearing?
You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer, or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

UPMC *for You* will also go to your Fair Hearing to explain why UPMC *for You* made the decision or explain what happened.

You may ask UPMC *for You* to give you any records, reports, and other information about the issue you requested your Fair Hearing about at no cost to you.

When will the Fair Hearing be decided?
The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with UPMC *for You*, not including the number of days between the date on the written notice of UPMC *for You*'s First-Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because UPMC *for You* did not tell you its decision about a Complaint or Grievance you told UPMC *for You* about within 30 days from when UPMC *for You* got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with UPMC *for You*, not including the number of days between the date on the notice telling you that UPMC *for You* failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at **1-800-798-2339** to ask for your services.

What to do to continue getting services:
If you have been getting the services or items that are being reduced, changed, or denied and you ask for a Fair Hearing and your request is postmarked or received by the Department of Human Services within 15 days of the date on the notice telling you UPMC *for You*'s First-Level Complaint or Grievance decision, the services or items will continue until a decision is made.

Expedited Fair Hearing

What can I do if my health is at immediate risk?
If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department of Human Services at **1-800-798-2339**, by faxing a letter or the Fair Hearing Request Form to **717-772-6328**, or submitting a written request electronically via email* to **RA-PWCGFHteam@pa.gov**. Your doctor or dentist must fax a signed letter to **717-772-6328** explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within three business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

** Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.*

You may call UPMC *for You*'s toll-free telephone number at **1-800-286-4242 (TTY: 711)** if you need help or have questions about Fair Hearings. You can contact your local Pennsylvania Legal Aid Network office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258 (TTY: 1-866-236-6310).**

This managed care plan may not cover all your health care expenses, read this guide carefully.

If you have questions, please call the UPMC *for You* Health Care Concierge team at 1-800-286-4242. TTY users should call 711.

UPMC *for You*
Affiliate of UPMC Health Plan

upmchealthplan.com/foryou

CMN24-0101-3b

Copyright 2025 UPMC Health Plan Inc. All rights reserved.
25MA5100003 - 2024 Member Handbook - Updated 1557 (ALPA) 1/22/25 1.002M CDI